


# #cheshirehunger

Understanding Emergency Food Provision in West Cheshire



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Research Report by West Cheshire Foodbank, The University of Chester, The Trussell Trust, Cheshire West Citizens Advice Bureau, DIAL West Cheshire (DIAL House), Chester Aid to the Homeless, The Debt Advice Network and The Salvation Army



**“Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”**

*- Universal Declaration of Human Rights, Article 25i -*

## ACKNOWLEDGEMENTS

**This report is the formal output of an ongoing collaborative primary research project which has benefitted enormously from the support and expertise of every person involved. We would like to extend our sincere thanks to each of you for your time and commitment.**

This research simply would not have been possible without the time and support of over 50 organisations that refer visitors to West Cheshire Foodbank. A huge thank you must go to all those who have so kindly helped with this in order to improve our collective understanding of why people are accessing emergency food provision in West Cheshire.

West Cheshire Foodbank, the University of Chester, The Trussell Trust, Cheshire West Citizens Advice Bureau, DIAL West Cheshire (DIAL House), Chester Aid to the Homeless, The Debt Advice Network and The Salvation Army deserve particular credit for taking the lead on this project and investing significant time and energy.

Thank you also to all the volunteers at West Cheshire Foodbank, for their time and for their commitment to this project. A special mention is deserved by Andrew Herbert, Ann Russell, Cath Fazey, Christine Jones, David Stone, Diane Jenkins, Deb Domun, Debbie Tacon, Gill Foster, Gordon Hall, Graham Evans, Helen Hall, Isabel Wakefield, Janet Palmer, Jenny Mvula, Kath Stephenson, Lauren Sadler, Linda Manning, Lynn Taylor, Lynne Cumiskey, Mark Cunliffe, Mark Norgrove, Martin Dick, Mike Meynell, Pat Ashcroft, Pat Nalder, Paula Norgrove, Penny Haskell, Petra Greener, Rose Uitterdijk, Sandie Swanson, Sarah Mugridge, Simon Whalley, Steve Sparrow, Sue Cox, Sue Mountford, Terry Green, Wendy Bawn and Wendy Leung for their specific contributions to this research.

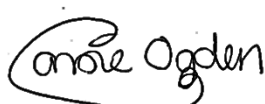
For their advice, contributions and support for this project, our sincere thanks go to: Richard Atkinson, Keith Roper, Geoff Willis, Debbie Fletcher, (DIAL West Cheshire), Paul Nicholls, Jason Bishop, Sue Kenyon, Roland Blackburn (Cheshire West CAB), Sarah Ravenscroft (Muir Housing), Rita Walsh, Mike Steenkamp (TDAN), Gill Stacey (SA), Natalie Jackson (ASTF), Robert Bisset, Robert Whittall (CATH), Anne Danks, Molly Hodson, Matt Cameron (Trussell Trust), Niall Cooper, Jackie Cox, Liam Purcell (Church Action on Poverty), Jane Perry, Lucy Brill (Oxfam), Lynne Kennedy, Helen Seppanen and Meriel D'Artrey (University of Chester). We extend a special thanks to Elizabeth Dowler (University of Warwick) for her invaluable contribution to our review of the literature on food poverty.

Finally, this research is dedicated to each person who has visited West Cheshire Foodbank. To each of you, especially to those who courageously shared your story, we cannot thank you enough. We hope this report does you justice.

**With sincere thanks,**



**Alec Spencer**  
West Cheshire Foodbank



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## ABBREVIATIONS

<b>BC</b>	benefit change	<b>JSA</b>	Jobseeker's Allowance
<b>BD</b>	benefit delay	<b>LI</b>	low income
<b>BME</b>	black and minority ethnic	<b>MIS</b>	minimum income standard
<b>CAB</b>	Citizens Advice Bureau	<b>MoD</b>	Ministry of Defence
<b>CWAC</b>	Cheshire West and Chester	<b>PIP</b>	Personal Independence Payment
<b>DLA</b>	Disability Living Allowance	<b>R&amp;D</b>	research and development
<b>DT</b>	debt	<b>STBA</b>	Short-Term Benefit Advance
<b>ESA</b>	Employment and Support Allowance	<b>WCFB</b>	West Cheshire Foodbank



## EXECUTIVE SUMMARY



Across the UK, more and more people have resorted to using emergency food provision to make ends meet. A well-documented growth in food poverty has occurred within a context of economic austerity. Severe reductions in social security entitlement and levels, a rise in insecure and self-employment, and stagnant wages have combined with marked increases in essential costs of living to leave more and more people struggling to sustain access to enough good food.

People have adopted a wide range of strategies to try and manage shortfalls in household income, and seeking food aid is usually a strategy of last resort (Lambie-Mumford, Crossley, Jensen, Verbeke, & Dowler, 2014; Perry, Williams, Sefton, & Haddad, 2014) but, nonetheless, increasing numbers of people in West Cheshire, as in the UK, have required charitable emergency food provision. There is no evidence that increased provision of food aid is causing more to want it (Cooper, Purcell, & Jackson, 2014); all available evidence in the UK shows that the growing need is driving provision. Neither is there any evidence that all people who go to foodbanks do so because they cannot budget or cook. Indeed, many on long-term low incomes are very skilled at both; many want to buy and eat healthy food but simply have insufficient money to do so.

In West Cheshire, demand for charitable emergency food provision has grown rapidly over the last two years. Of those receiving emergency food, approximately two thirds were adults and one third were children. People who were single, two parent families, single parent families and households with multiple adults all accessed emergency food provision. There was a strong positive correlation between the deprivation of a ward and the number of foodbank referrals. Typically, people accessing emergency food provision on behalf of their household were white (98%) and of working age (98% were aged between 16 and 64).

Problems with social security benefits directly accounted for almost half (47%) of the referrals to West Cheshire Foodbank. Administrative delays, punitive sanctions, benefit changes and ESA stoppages accounted for the majority of these delays.

- **Administrative and other delays (23%):** Administrative delays in paying social security benefits were considerable and grew as a proportion of referrals over the research period<sup>1</sup>. Crises catalysed by administrative delays typically lasted between 1 and 4 weeks.
- **Sanctions (11%):** The main reasons given for sanctioning were missed appointments (5%), insufficient search activity (3%), non-attendance at a medical assessment (2%) and non-compliance with work-related activity (1%). Sanctions usually placed households in a crisis situation for between 1 and 13 weeks.

<sup>1</sup> This research collected information about the people using West Cheshire Foodbank between the 1<sup>st</sup> May and the 30<sup>th</sup> of November 2014.

- **Benefit Changes (9%):** Difficulties most frequently occurred where participants changed from claiming Jobseeker's Allowance (JSA) to employment and support allowance (ESA). Crises catalysed by benefit changes typically lasted between 1 and 4 weeks.
- **ESA stoppages (4%):** In the majority of cases where a member of the household had their payment of Employment and Support Allowance stopped, the participant was awaiting the outcome of a Mandatory Reconsideration or appeal. The immediate crisis resulting from ESA stoppages typically lasted between 2 and 13 weeks.

**Issues relating to low, insecure income and debt** were also hugely significant reasons why people accessed emergency food provision (31%).

- **Low, insecure incomes (20%):** People were referred for a variety of reasons. For some participants, income was insufficient to meet household expenses. Some participants suffered from a reduction in income because of factors such as the spare-room subsidy (also called the bedroom tax). Other participants had no or low income because they had recently been released from prison or had started work but were awaiting their first pay packet. The immediate crisis resulting from low income typically lasted between 1 and 4 weeks. A significant number (12%) of crises endured for considerable periods of time however, with low income households left without sufficient food for 13 to 26 weeks.
- **Debt (11%):** The most common reasons presented related to housing costs, utilities and/or loans. The immediate crisis was estimated to last for between 1 and 4 weeks although our experience of working in this area suggests resolving the issues related to debt is considerably more protracted.

People were also referred where the primary reasons given were **homelessness (6%), domestic violence (2%), sickness (2%) or delayed wages (1%)**.

The following recommendations suggest key ways in which the need for a foodbank in West Cheshire can be reduced, by mitigating some of the primary causes of acute income loss for local people and ensuring adequate and appropriate support is available where this is not achieved.

## RECOMMENDATIONS

### HOW CAN WE REDUCE THE NUMBERS OF PEOPLE NEEDING TO ACCESS EMERGENCY FOOD?

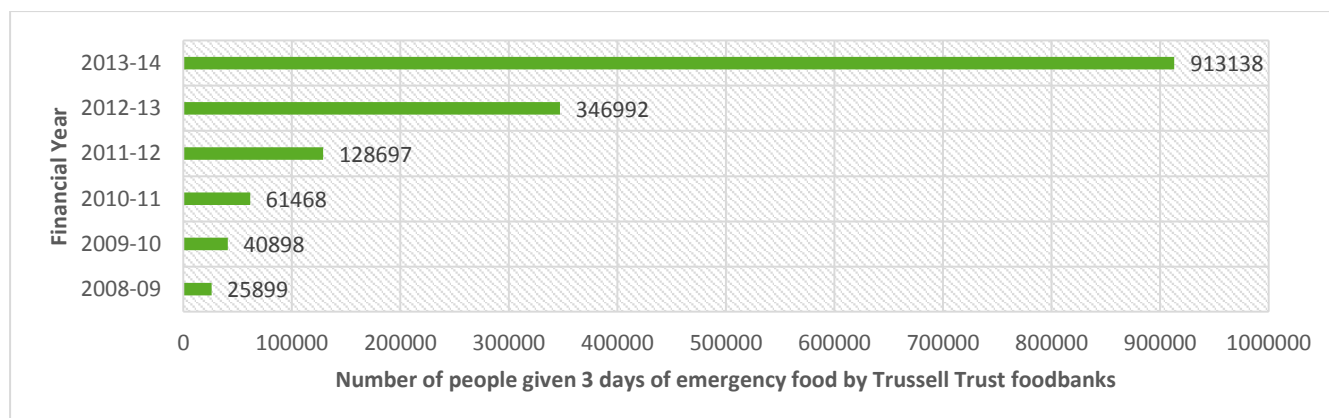
1. IMPROVE JOBCENTRE PLUS ADMINISTRATION AND SERVICE
2. REFORM SANCTIONS POLICY AND PRACTICE
3. REFORM THE MANDATORY RECONSIDERATION PROCESS
4. ENSURE SOCIAL SECURITY PAYMENT LEVELS ARE ADEQUATE
5. ENSURE WAGES ARE SUFFICIENT AND WORK IS SECURE
6. SUSTAIN AND IMPROVE ACCESS TO THE HELP SCHEME (CWAC LOCAL WELFARE ASSISTANCE)
7. ENSURE ADEQUATE SUPPORT AND ACCOMMODATION IS AVAILABLE FOR PEOPLE AFFECTED BY DOMESTIC VIOLENCE AND/OR HOMELESSNESS

SEE PAGE 32 FOR THE DETAILS OF THESE RECOMMENDATIONS.

## 1.0 INTRODUCTION

In the last decade, increasing numbers of people in the UK have used charitable emergency food provision<sup>2</sup>, often through ‘foodbanks’. The growing profile of this issue has generated media, social and some political concern. The country’s largest emergency food provider – The Trussell Trust – has recorded a significant year on year rise in the numbers of households being referred to foodbanks in their network (Perry, Williams, Sefton, & Haddad, 2014). A member of this network, West Cheshire Foodbank (WCFB) has also seen a growth in demand.

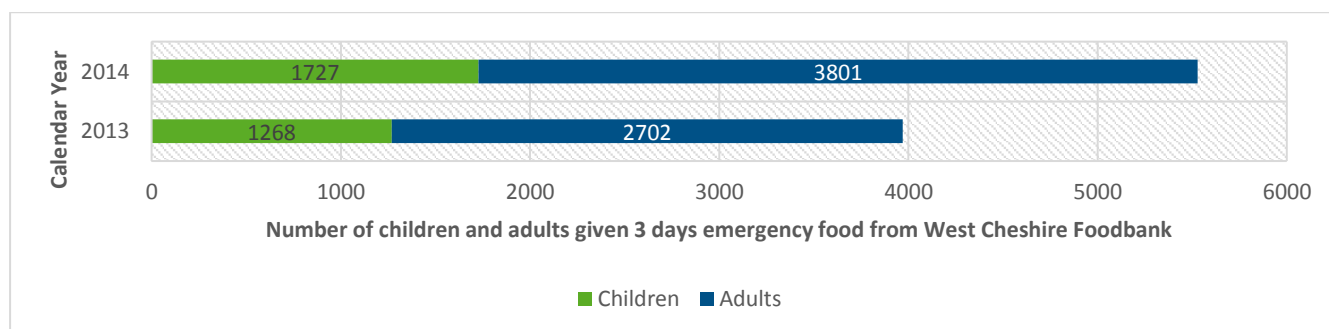
**Figure 1: Number of people given 3 days of emergency food by Trussell Trust foodbanks (Trussell Trust, 2015)**



The DEFRA review of ‘Household Food Security in the UK: A review of Food Aid’ highlighted the scarcity of published empirical research on the drivers of emergency food provision in the UK (Lambie-Mumford, 2014). The latest significant contribution to the literature on food poverty<sup>3</sup>, a report by the All Party Parliamentary Group on Food Poverty and Hunger (2014) also noted that there is still a real gap in research on hunger.

This report presents the findings of collaborative research looking at who is accessing emergency food provision in West Cheshire and what the primary reasons for this are. It combines detailed new statistical evidence with the narratives of people experiencing food poverty to help us better understand emergency food provision in West Cheshire and finishes by making practical recommendations to help reduce the numbers and severity of crises faced. By contributing to our collective understanding in this way, this report aims to enable policy makers and practitioners at both a local and national level to make more informed decisions to address food poverty.

**Figure 2: Number of children and adults given 3 days emergency food by West Cheshire Foodbank**



<sup>2</sup> ‘Emergency food provision’ is defined here as: ‘the supply of food to households with the intended purpose of alleviating food poverty in the short-term’.

<sup>3</sup> ‘Food poverty’ is defined here as “the inability to afford, or to have access to, food to make up a healthy diet” (Department of Health, 2005).



## 2.0 BACKGROUND: EMERGENCY FOOD PROVISION

Trussell Trust statistics<sup>4</sup> are often cited as evidence of need; research in 2013 by Oxfam and Church Action on Poverty (Cooper & Dumbleton, 2013) estimated then that some 500,000 people were reliant on some form of food aid, not all of which was obtained through Trussell Trust Foodbanks, while their more recent work (Cooper, Purcell, & Jackson, 2014) suggests a 54% increase in emergency food distribution in 2013-4. These and other recent reports (e.g. Lambie-Mumford et al, 2014; Perry et al, 2014; Sosenko et al, 2014) all stress that while The Trussell Trust Foodbank network is the best source of national data, many other emergency food provision systems exist at local levels so that it is not necessarily possible to give accurate numbers of those obtaining such help.

Over recent years there has been more systematic research into understanding both the longer term, underlying problems facing growing numbers of households, and the immediate reasons why people increasingly find it necessary to ask for emergency help (e.g. Lambie-Mumford et al, 2014). Much of this evidence was summarised in the Evidence Review of the *All Party Parliamentary Inquiry into Hunger* in the United Kingdom (<http://foodpovertyinquiry.org/>), launched on December 8<sup>th</sup> 2014, and is also currently under review in the *Fabian Commission into Food and Poverty* (<http://foodandpoverty.org.uk/>).

Economic austerity, following the collapse of the US subprime mortgage market and subsequent banking crisis in 2007-8, has led to severe reductions in UK public expenditure, particularly in social security entitlement and levels<sup>5</sup>, as well as a rise in insecure and self-employment, and stagnant wages. These experiences, combined with significant loss of local authority networks of support, and marked increases in essential costs of living including food prices, have left more and more people struggling to sustain access to enough good food for a healthy life (Cooper et al, 2014; Dowler, 2014). These effects are highly gendered: women are more likely to work part-time, face loss of jobs and support networks, and usually have prime responsibility for household budgeting and food management (Stephenson and Harrison, 2011; WBG, 2012).

People have adopted a wide range of strategies to try and manage shortfalls in household income, including very rigid budgeting, shopping around (for food and other goods), deferring payments, borrowing from family and friends, and going without (Goode, 2012; Hossein et al, 2011). These things particularly apply to food expenditure and management, since spending on food is usually the flexible budget item (Dowler et al, 2001; Goode, 2012). Such circumstances, often described as 'food poverty' (Dowler et al, 2001; Dowler and O'Connor, 2012; GLA, 2013; Maslen et al, 2013), are difficult to document in national statistics (although see Holmes, 2007) but they contribute to widening inequalities in health. They are also a continuing experience for many households on low incomes – whether from inadequate wages or social security benefits – and represent considerable strain on those trying to juggle budgets, especially if they live in places where good, affordable food, appropriate for healthy living, is hard to find (Caraher and Coveney, 2004).

However, over the last couple of years, increasing numbers of households have simply found themselves unable to manage the pincer movement of rising food and fuel prices (which also affect transport costs), higher indirect taxes such as VAT, and reduced incomes from stagnant wages and social security benefits which have, significantly, not kept pace with the cost of living (Davis et al, 2014). Some have resorted to short-term loans

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<sup>4</sup> The Trussell Trust collects the following data: Food donations (by weight and donor type), Referral agency information, Number of people fed (by age and ethnicity), Number of people fed (number of adults and children but not gender), Number of people who receive emergency food who are in a household where at least one person is in paid employment, Reason for crisis (using one of twelve reasons listed on the Foodbank referral voucher): Benefit delay, benefit change, child holiday meals, debt, delayed wages, domestic violence, homelessness, low income, other, refused crisis loan, refused short-term benefit advance, sickness.

<sup>5</sup> The abolition of the social fund and crisis loans is particularly significant in the context of emergency food provision.

through so-called ‘payday lenders’<sup>6</sup>, which often means they can rapidly find themselves deeply indebted, with no money for food and no stores to fall back on. These circumstances drive people in desperation and often considerable shame, to emergency food provision. Secondly, changes to social security entitlement – for instance; for people with disabilities, through implementation of the so-called ‘spare bedroom tax’<sup>7</sup> or the benefit cap, and a more rigorous and arguably punitive regime of ‘sanctions’<sup>8</sup> – have also had profound effects on people’s incomes. Increasingly, welfare advice officers report people coming to them who have had no money at all for several weeks (Perry, 2014). Current systematic research points to these immediate problems, on top of the longer term difficulties, as triggering use of foodbanks and other sources of emergency provision (Cooper et al, 2014; Lambie-Mumford and Dowler, 2014; Perry et al, 2014, Webster, 2014, among many). There is no evidence that increased provision of food aid is causing more to want it; all available evidence in the UK and internationally shows that the growing need is driving provision. Indeed, evidence from those who provide vouchers to enable access to food provision, from those running services, and from NGOs, suggests that seeking food aid is usually a strategy of last resort (Lambie-Mumford and Dowler, 2014).

There are those who claim the problems people are facing in relation to food are down to their inability to budget or cook properly. While there is a widely-documented, long-term loss of food knowledge and skills, partly from the rise of cook-chill ‘ready meals’ and fragmented eating patterns encouraged by the modern food system, and partly from changes to food in schools from the 1990s onwards (e.g. Caraher and Coveney, 2004; Morgan and Sonnino, 2008), these cannot account for the rise in the use of emergency food provision. There is no evidence that all people go to foodbanks because they cannot budget or cook. Indeed, many on long-term low incomes are very skilled at both but simply have insufficient money to buy and eat healthy food.

International evidence shows similar factors driving the use of emergency food provision in other rich countries (Caraher and Cavicchi, 2014; Lambie-Mumford et al, 2014; Riches and Silvasti, 2014), including the fact that many households do not use emergency food provision for a variety of reasons which include access, awareness and stigma. Thus the numbers going to foodbanks and accessing other emergency provision are likely to be significantly lower than the numbers of people experiencing hunger.

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<sup>6</sup> Organisations which offer immediate, short-term loans – often of small amounts and with little examination of people’s financial capacity to service debts – to those who could not otherwise obtain such accessible cash, but which charge very high rates of interest to cover likely default.

<sup>7</sup> ‘Removal of spare room subsidy’ from Housing Benefit (Department for Work and Pensions, 2013).

<sup>8</sup> ‘Sanctions’ refers to situations where the payment of benefit is withheld because claimants are deemed not to have met conditions set. See Section 3.2.2 for further details and see Department for Work and Pensions, 2013.

### 3.0 CONTEXT: EMERGENCY FOOD PROVISION IN WEST CHESHIRE

West Cheshire Foodbank is one of 413 projects belonging to The Trussell Trust's network of not-for-profit foodbank franchises. Foodbanks in The Trussell Trust's network all adhere to the same operating model (Trussell Trust, 2015), mission and vision. Food is collected from within the local community and the vast majority is privately donated and sourced from individuals, faith groups, schools, local businesses and at supermarket drives. Foodbanks provide parcels of emergency food designed to last up to three days and each parcel contains a prescribed combination of long-life food stuffs. To obtain a food parcel recipients are required to get a voucher from a frontline professional working within the local community (for example an advice centre, social worker or healthcare worker)<sup>9</sup>.

The Trussell Trust provides training and ongoing development support to foodbanks and contributes to the discourse on food poverty at a national level. Trussell Trust foodbanks all use the same online data collection system, which foodbanks individually and The Trussell Trust nationally utilise to collect statistics about food donations and, most crucially foodbank usage. This enables patterns and trends to be identified and provides a basis for challenging food poverty.

Trussell Trust foodbanks fed 500,000 people between April-September 2014 with individual foodbanks feeding an average of 1607 people over the same period (Trussell Trust, 2014). Foodbanks in the North West of England consistently provide food to more people than in any other region with 74,591 people receiving emergency food between April and September. Based in the North West, West Cheshire Foodbank is a medium-size project which provided food to 3524 people between April and September making it above average in terms of numbers being fed both nationally and regionally.

West Cheshire Foodbank serves an area with a population of approximately 200,000 people living in the two conurbations of Chester and Ellesmere Port, as well as several smaller towns, villages and suburbs which make up the Cheshire West and Chester local authority (although readers should note that Northwich and Winsford are covered by a different foodbank). The average house price in Cheshire West and Chester as of October 2014 was £156,698 (Land Registry, 2015). Chester is a historic, walled city which attracts considerable tourism revenue. A university is also attached which increases the population during term-time. Although there is significant affluence in the area, there are also pockets of deprivation, particularly in Ellesmere Port. The foodbank has five distribution centres at which clients can redeem a voucher issued to them by a frontline care professional such as an advice, health or social worker. These centres have been chosen for their accessibility and to reduce barriers which may prevent people using the service, such as the cost of public transport.

Trussell Trust foodbanks maintain records of statistics using an online data collection system. The Trussell Trust has access to anonymised headline statistics from across the UK and from this data can build a national picture of patterns and trends. The 'reason for crisis' is the focus of this report. At present the reasons listed as to why people are referred to a foodbank and the details given are limited which reduces their efficacy and accuracy. For example, the system cannot be interrogated to establish whether problems with social security benefits were due to administrative or payment systems errors with pre-existing benefits, or the result of more recent changes to the administration of sanctions or incapacity benefits (Lambie-Mumford, Crossley, Jensen, Verbeke, & Dowler, 2014).

This research contributes to an understanding of food poverty at the local level whilst also contributing to the national food poverty discourse. It addresses a recommendation of the recent APPG on food poverty and hunger - that emergency food providers amend their referral categories to better differentiate between the different problems encountered by foodbank clients (All Party Parliamentary Group on Hunger and Food Poverty, 2014). It is hoped that the method will provide a model for further research in other areas of the UK.

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<sup>9</sup> For more information see Lambie-Mumford, 2013; and Trussell Trust, 2015.

## 4.0 METHOD

The research asked the following questions:

- **Who** accesses emergency food provision in West Cheshire<sup>10</sup>?
- **Why** do people access emergency food provision in West Cheshire?
- What are the **narratives** of people accessing emergency food provision in West Cheshire?

This study adopted a mixed methods approach to enable an understanding of who accesses emergency food provision in West Cheshire, the primary reasons for this and the narratives of respondents. Methodological triangulation was adopted to enable the collection of both quantitative data (collected through surveys integral to the agency assessment process) and qualitative data (collected from respondents' personal written accounts and corroborated using referring agency case notes) to help further validate the findings.

A combination of methods is integral to this study to allow for both a description of foodbank use (including who is using the service and the core reasons that led them towards needing the provision) alongside a more explorative approach which can help uncover a person's thoughts, reasoning and feelings and can better communicate the depth and complexity of the individual lived experience.

### 4.1 Quantitative Data Collection and Analysis

#### 4.1.1 The Process of Quantitative Data Collection and Analysis

This research collected information about the people using the West Cheshire Foodbank between the *1<sup>st</sup> May and the 30<sup>th</sup> of November 2014* for 37 council wards<sup>11</sup>.

This study utilised The Trussell Trust data collection system to avoid unnecessary duplication of information and also to enable comparisons with other foodbanks where required. West Cheshire Foodbank referral agencies use a standardised procedure to collect basic details of all clients at the point of assessing individuals for emergency food provision. An assessment can only be conducted by a person who is appropriately trained and is a registered signatory with West Cheshire Foodbank. Details collected include the name, postal address, ethnicity and the age group of the person applying, the number of adults and children in their household and the nature of the crisis that led them to seek help. Random spot-checks were conducted by internal workers within major voucher holding agencies to ensure that the assessment process was undertaken consistently. The data was then centrally collated by West Cheshire Foodbank using a tried and tested data collection system developed by The Trussell Trust. The West Cheshire Foodbank administrative team checked the data provided to ensure that information collected was complete and reliable. West Cheshire Foodbank provided further guidance where this process was not completed to the required standard.

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<sup>10</sup> In the context of this research, the geographical area of West Cheshire refers to an area within Cheshire West and Chester comprised of 37 electoral wards (see 4.1.1 and below).

<sup>11</sup> Blacon Ward, Boughton Ward, Broughton South ED, Chester City Ward, Chester Villages Ward, Dodleston and Huntington Ward, Ellesmere Port Town Ward, Elton Ward, Farndon Ward, Frodsham Ward, Garden Quarter Ward, Goway Ward, Grange Ward, Great Boughton Ward, Handbridge Park Ward, Helsby Ward, Hoole Ward, Lache Ward, Ledsham and Manor Ward, Little Neston and Burton Ward, Malpas Ward, Neston Ward, Netherpool Ward, Newton Ward, Rossmore Ward, Saltney Mold Junction ED, Saltney Stonebridge ED, Saughall and Mollington Ward, St. Paul's Ward, Strawberry Ward, Sutton Ward, Tarporley Ward, Tarvin and Kelsall Ward, Tattenhall Ward, Upton Ward, Willaston and Thornton and Whitby Ward.

#### **4.1.2 'Nature of Crisis Detail' and 'Anticipated Duration' Coding**

It was integral to this research that more detailed information was collected regarding the 'reason for' and 'anticipated duration' of the crisis. Researchers therefore worked on how to collect this extra information, developing a process where 'coding' was incorporated into the existing voucher system.

The system needed to accurately capture the variety of reasons why people access the foodbank through a straightforward and quick administrative process, and to record information in a manner that respected the sensitivity of respondents' data. A simple coding system was therefore designed which complemented the existing voucher scheme.

To ensure that the coding list was exhaustive, experts from Cheshire West Citizens Advice Bureau and DIAL West Cheshire (DIAL House) reviewed internal case notes to create a detailed draft 'coding list' which categorised the possible natures of crisis that led to a household requiring emergency food provision. This list was further reviewed by nine voucher-holding agencies which resulted in the addition of extra categories and the refining of code titles thus ensuring face validity. The end result was a list which further disaggregated the categories of Trussell Trust 'reason for' data. In addition to collecting further detail regarding the nature of crisis, the coding system also collected information on the anticipated duration of the crisis.

At the time of writing, the authors are not aware of the process detailed here being replicated by other foodbanks in the UK network. Organisations that are systematically collecting similar data or that wish to replicate this process are encouraged to contact the researchers.

#### **4.1.3 Recording and Analysis of Quantitative Data**

Similar to the techniques of data collection outlined above, systems that were already utilised were accessed to avoid duplication of information where possible. A new database recorded the additional information collected giving the 'nature of crisis detail' and 'anticipated duration of crisis detail'. Once the research period ended, the data from both systems was extracted and merged to create a new composite database. The West Cheshire Foodbank voucher number was used as the unique identifier for this process. At this point the respondent's name and address details were omitted from the database to ensure true anonymity. For cross-reference purposes, data at the household level can be identified by a combination of surname and postcode. These details were not shared beyond West Cheshire Foodbank.

Once the data collection process ended the data was reviewed and checked by a select panel. Statistical information using percentages and averages was produced which described the nature of the data collected.

### **4.2 *Qualitative Data Collection and Analysis***

#### **4.2.1 The Narrative Inquiry Technique**

The power of people's stories has long been appreciated within the social sciences and in this report the placing of stories alongside quantitative data is important to help contextualise and bring to life the experiences of those utilising the foodbank.

The narrative inquiry technique is a qualitative research methodology which focuses on presenting data in story form which can be as long, or short as necessary. As people's stories are diverse and differ radically, this type of approach can use information taken from observations, interviews or autobiographical materials (such as letters or diaries) in order to construct the story (Plummer, 2001). The method has recently gained credence: advocates of the approach reason that sharing and telling stories can help others to better understand a person's experiences (Goodley, Lawthorn, Clough, & Moore, 2004).



### 4.2.2 Respondents

This component of the study collected qualitative data from clients who utilised West Cheshire Foodbank between the months of May and November 2014 and who consented to the use of their personal narrative (referred to as a 'story').

Clients who had been assessed for a food voucher (and had therefore provided the information detailed above) were invited to complete a 'West Cheshire Foodbank Story Sharing Form' with the assistance of a foodbank volunteer where appropriate. This was a simple form and aimed to capture a brief summary of the respondent's narrative. It provided respondents with an opportunity to give consent for researchers to use their information for this study, and inform the researcher if the respondent wished to be contacted to take part in this qualitative stage of the research. It was completed by respondents at West Cheshire Foodbank distribution centres, the venues at which vouchers can be exchanged for emergency food. Respondents were clearly informed that completing this was in no way a condition of receiving emergency food.

The session volunteers at West Cheshire Foodbank were trained to ensure that, where possible, respondents completed this form themselves. There were respondents who required a volunteer to support them however. For example, where respondents were physically unable to write or had low levels of literacy, it was necessary for a foodbank volunteer to act as a scribe for the respondent who dictated their narrative.

### 4.2.3 How Our Stories Were Found

Some respondents provided a personal account of their experience through the 'West Cheshire Foodbank Story Sharing Form'. The 'layered' design of this form allowed respondents to engage to a variable extent depending on the extent to which they wished to be involved.

The first page of the form gave respondents the option to share their story with the public without sharing identifying details. The reverse of the form allowed respondents to provide their name and contact details. This allowed West Cheshire Foodbank and The Trussell Trust to contact the respondent for the purpose of sharing their narrative with the public. Respondents could also give permission for West Cheshire Foodbank to corroborate their narrative with the agency that assessed and referred them to the foodbank and indicate if they were willing and able to provide evidence that supported their narrative.

Respondents played a crucial role in relation to how their story was produced for this study. We fully acknowledge the diversity and different needs of the people accessing emergency food provision in this study and therefore required a flexible way of working with respondents.

Consequently, participants indicating that they wished to engage further with the qualitative phase of the research had the option to meet individually with a researcher from West Cheshire Foodbank as a way to share their stories. The questions asked at each stage sought to avoid bias.

#### **4.2.4 Rapport and Validation**

Although the methods by which stories were obtained were variable, the consistency lies with the development of rapport between the participant and researcher, which is closely related to ethical considerations (discussed in section 4.3). The fundamental principles of conducting research for the respondents' benefit was upheld and their wellbeing and comfort was prioritised over any concerns of the researcher. It was important to ensure trust was gained between the client and the person collecting data and this was done by ensuring all questions asked were non-biased and open. It was decided that the audio recording of interviews was not appropriate given the sensitive nature of the topic. Respondent validation of stories was therefore the main way to ensure the stories reflected the narrative that respondents wished to share. Where stated, narratives were also corroborated with the agency that assessed and referred them to WCFB. To enable the process of respondent validation, participants were given the opportunity to review various drafts of their stories before they were included in this report.

### **4.3 Ethical Considerations**

This research was undertaken in the setting of the various private, charitable and statutory organisations who offer their staff and volunteers training in relation to respecting client's privacy and the importance of confidentiality. In addition, this study ensured that clients who provided their information to this study offered their full informed consent to take part in the study. Those who were deemed unable to make this decision were excluded from the study. For inclusion in the study respondents needed to have accessed emergency food provision from West Cheshire Foodbank.

Respondents have been excluded from the qualitative research where either personal disclosure or advice from care professionals suggest that individual circumstances deem the respondents' involvement unethical or where it is understood that disclosing information might have a bearing on involvement in any legal proceedings. Respondents who did not speak English fluently and who did not have access to an interpreter were also excluded.

The 'West Cheshire Foodbank Story Sharing Form' clearly informed respondents that participation was not a condition of receiving assistance. Respondents were also made aware that West Cheshire Foodbank would not share the client's name or contact details with the public and that identifying details would be removed from the 'story' text. The names of respondents have been changed in this report and other identifying details, such as specific locations, have been removed.

#### **4.3.1 Institutional Approval of Ethics Procedure**

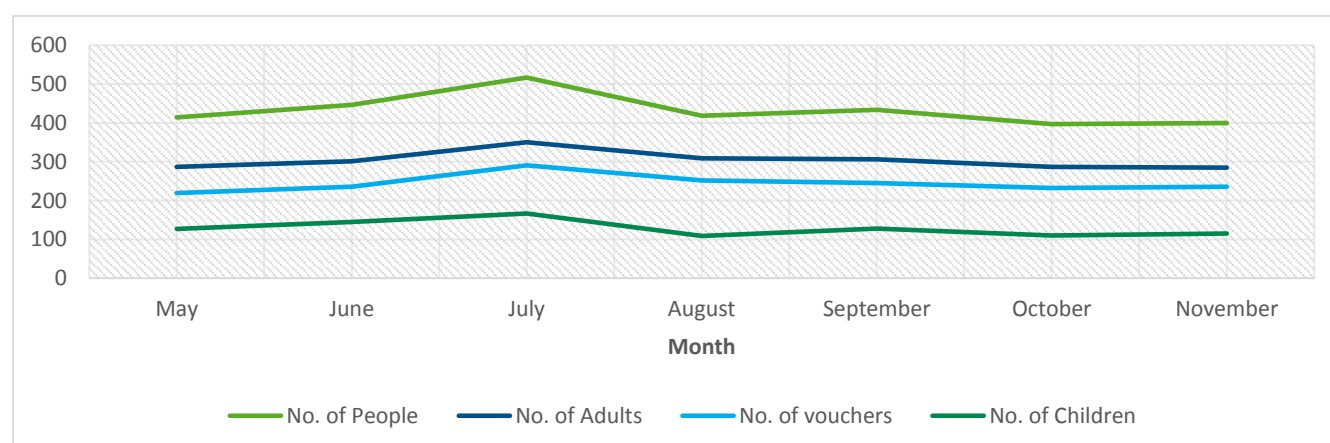
The research method and ethics for this research was approved by a group of representatives from the frontline charities involved in the data collection process.

## 5.0 FINDINGS

Quantitative findings relate to the 1711 referrals made to West Cheshire Foodbank during the data collection period (see 4.1.1). 3026 people received food as a result of the referrals, of whom 2125 were adults and 901 were children. A total of 30 referrals for emergency food provision were excluded from the research because the households did not meet the residency criteria. The figures given here relating to the reasons for referral are calculated including any vouchers submitted where data was not entered. This means that the percentages indicate the minimum number of referrals. Qualitative evidence is drawn from 127 participant narratives. As people accessing emergency food are frequently affected by more than one issue, it is important to note that the figures given here will underestimate the frequency with which any one problem may occur. For example, this report finds that problems with social security benefits were the primary referral reason in 47% of cases. This is similar to the findings of a recent report which found that 46% of referrals were directly related to social security benefits (Perry, Williams, Sefton, & Haddad, 2014). The same report found however, that when participants were given the opportunity to report multiple problems, issues relating to social security benefits increased to between 67 and 78% in the three areas studied (ibid.).

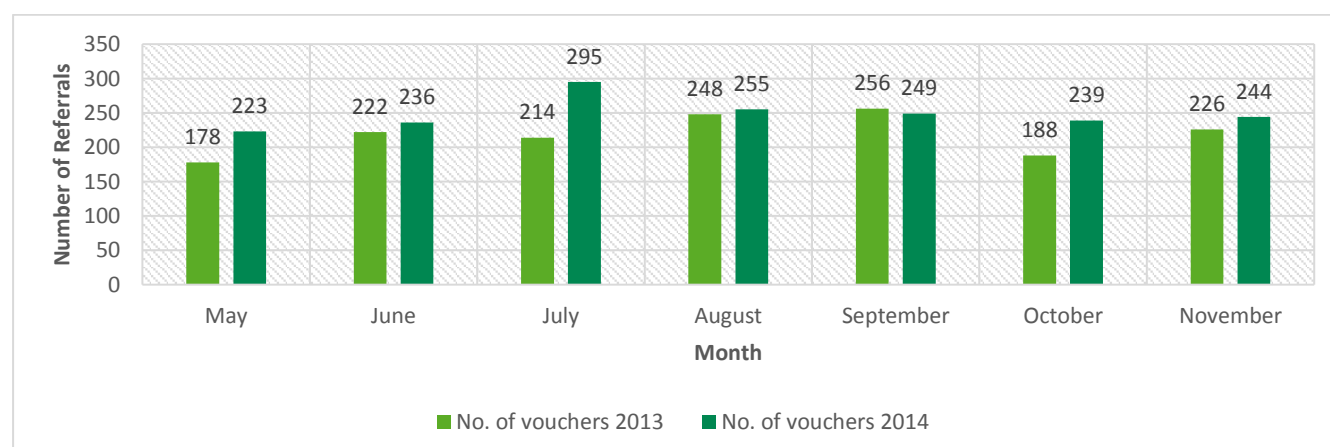
### 5.1 Number of Referrals

**Figure 3: Number of Referrals, People, Adults and Children by Month (May-November)**



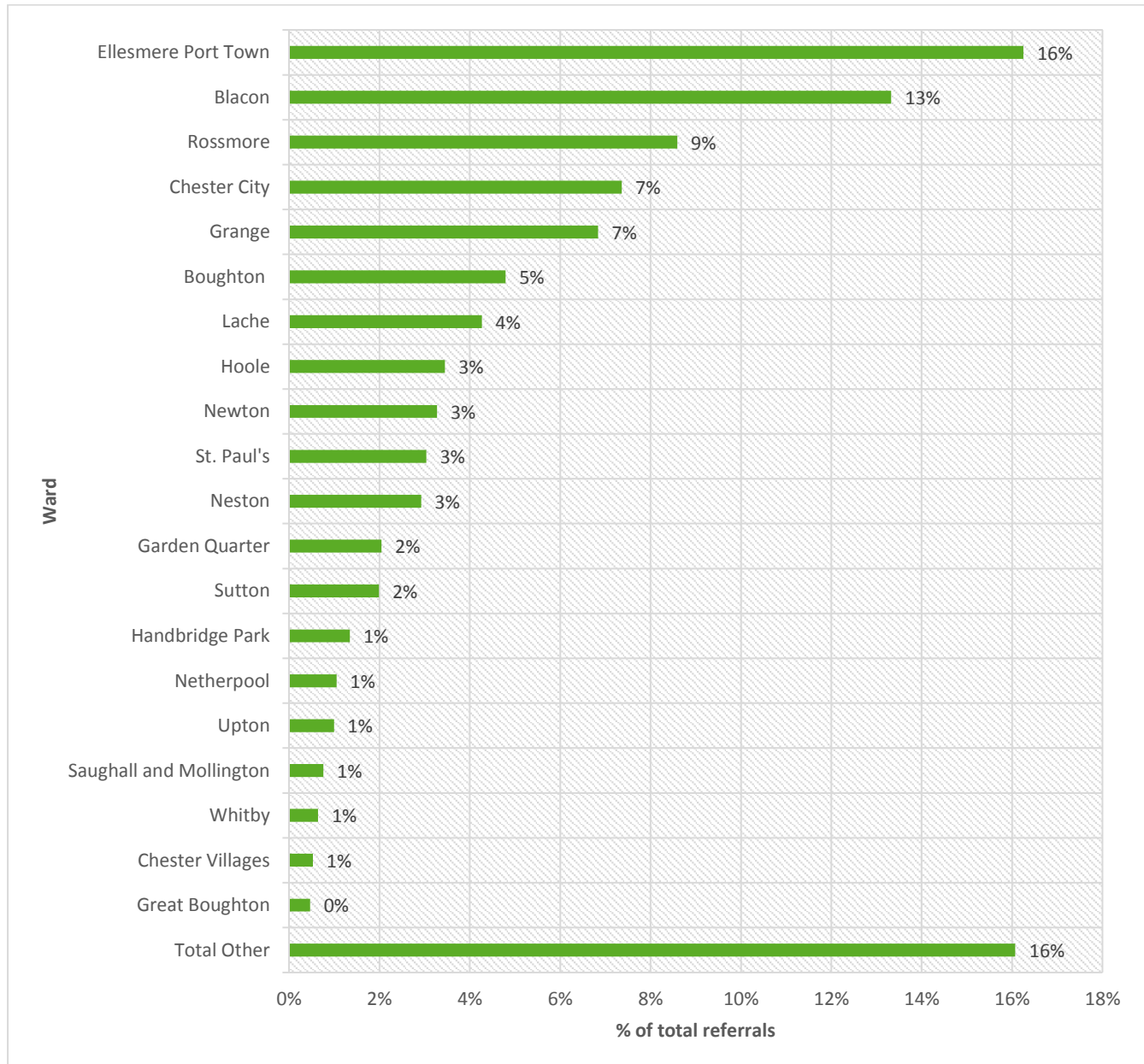
Across the seven month data collection period the numbers of both households and people referred to West Cheshire Foodbank remained fairly stable.

**Figure 4: Number of Referrals by Month (May-November) for 2013 and 2014**



However, referrals were higher in each month of 2014 than they were in the same month of the previous year, except for September. In total, referrals increased by 14% for this seven month period in comparison to the same period of 2013, a significant growth in usage.

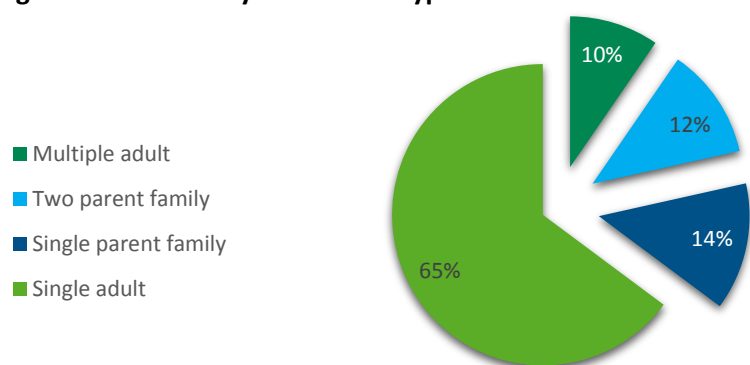
**Figure 5: Numbers of Referrals by Ward (Top 20)**



Over half (52%) of all referrals to West Cheshire Foodbank were made for households that live in 5 wards: Ellesmere Port Town, Blacon, Rossmore, Chester City and Grange. Of those wards, Blacon, Grange, Ellesmere Port Town and Rossmore are all identified by Cheshire West and Chester Council as 'hotspots of deprivation' indicating a strong correlation between multiple deprivation and the crises that lead to foodbank referrals (Cheshire West and Chester Council, 2013).

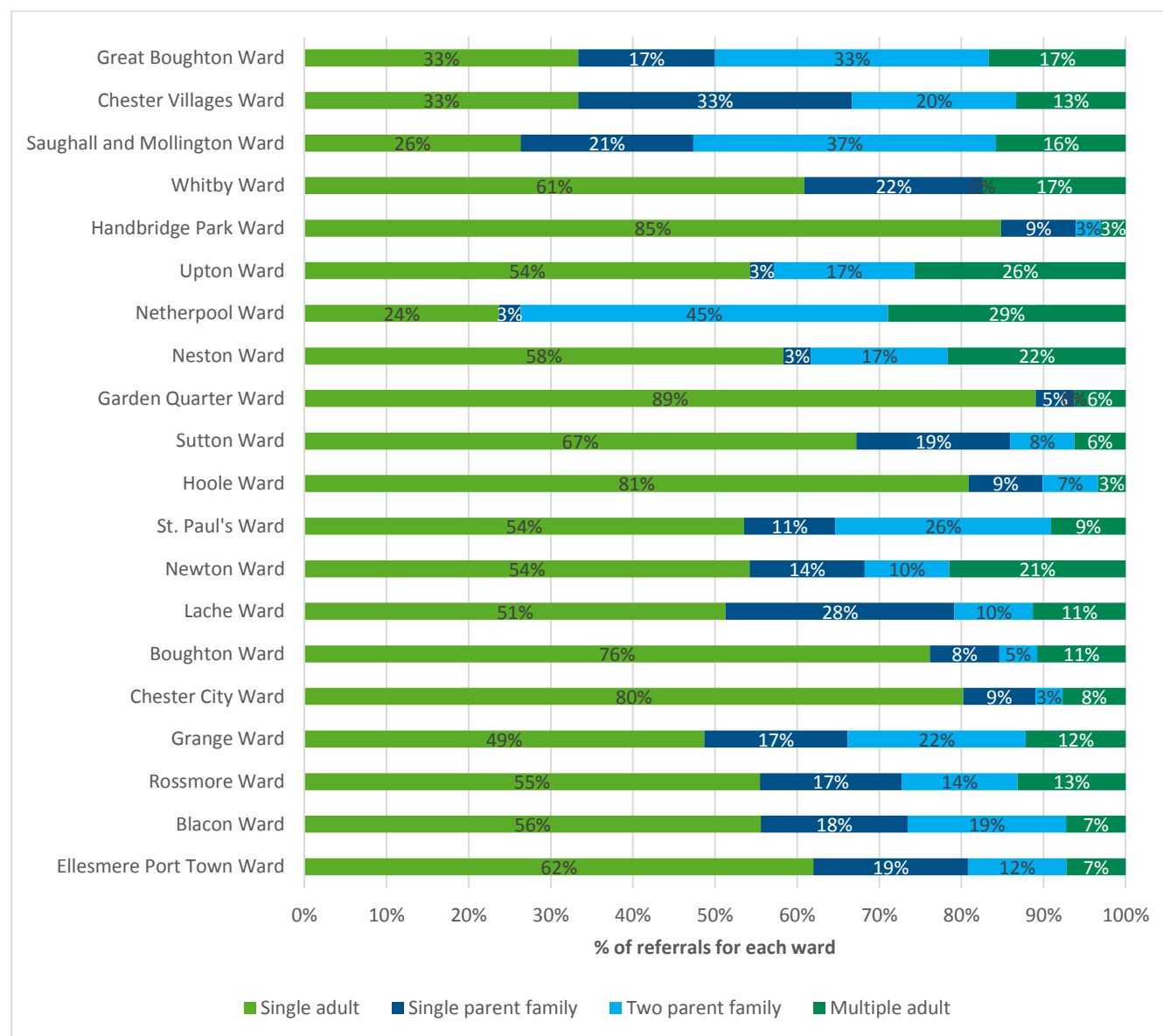
### 5.1.1 Referrals by Household type, Age Group and Ethnicity

**Figure 6: Referrals by Household Type**



**Household Type** - The majority (65%) of vouchers were issued to people who were single. Single parent families, two parent families and households with multiple adults accounted for the remaining 35% of referrals at 14%, 12% and 9% respectively. Figure 6 shows how the type of household being referred differs for the top 20 largest wards.

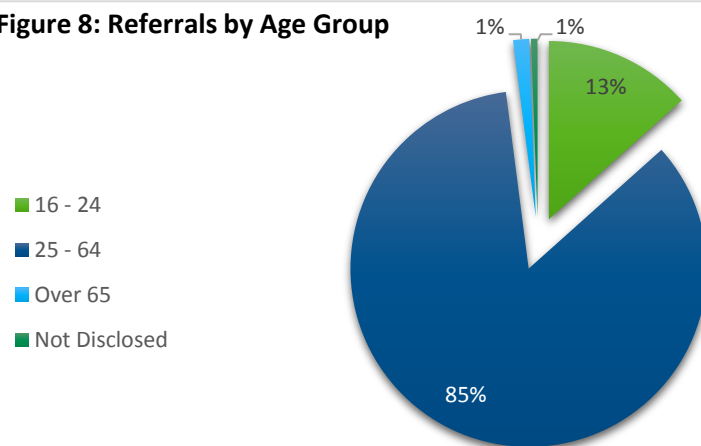
**Figure 6: Referrals: Household Type by Ward (Top 20)**





There are clear variations in the type of households referred from different wards (See Figure 6). For example, in Handbridge Park Ward, 85% of those referred were single adults, 9% were single parents and two parent families and households with multiple adults accounted for 3% of referrals each. In contrast, two parent families were most commonly referred from Netherpool ward (45%), followed by households with multiple adults (29%), single adults (24%), with only 3% of those referred living in single parent households.

**Figure 8: Referrals by Age Group**



**Age Group** - 85% of people referred<sup>12</sup> were aged between 25 and 64 years of age. 13% were aged between 16 and 24. Only 1% of referrals were for people aged over 65. Even when we take into account the asymmetry of age categories, it still appears that people aged over 65 years old are significantly underrepresented. This trend is repeated across the UK: during the period May to November 2014 0.98% of people who accessed Trussell Trust foodbanks across the UK were aged 65 or older.

**Ethnicity** - The vast majority (98%) of people referred to West Cheshire Foodbank were white. Less than 2% of those referred had a different ethnic background. Cheshire West and Chester has a relatively small black and minority ethnic community population (6%) of which the largest two groups are 'Other white' and 'White: Irish' (Cheshire West and Chester, 2010). Although this may simply be because of discrepancies between the geographical area of 'West Cheshire' and the larger 'Cheshire West and Chester', Table 1 suggests that – assuming demand to be equal – some minority ethnic groups, most notably 'Asian' and 'Other' ethnic minority groups are under-served by West Cheshire Foodbank.

**Table 1: BME composition – WCFB, CWAC, NW and England**

<i>Ethnic Group</i>	<i>% WCFB referrals</i>	<i>% in CWAC*</i>	<i>% in North West*</i>	<i>% in England*</i>
White	98.23%	96.70%	92.14%	88.24%
Mixed	0.48%	0.85%	1.20%	1.70%
Asian or Asian British	0.32%	1.24%	4.23%	5.71%
Black or Black British	0.56%	0.46%	1.10%	2.64%
Chinese or Other	0.08%	0.70%	1.10%	1.52%
Not Disclosed	0.32%	0.00%	0.00%	0.00%

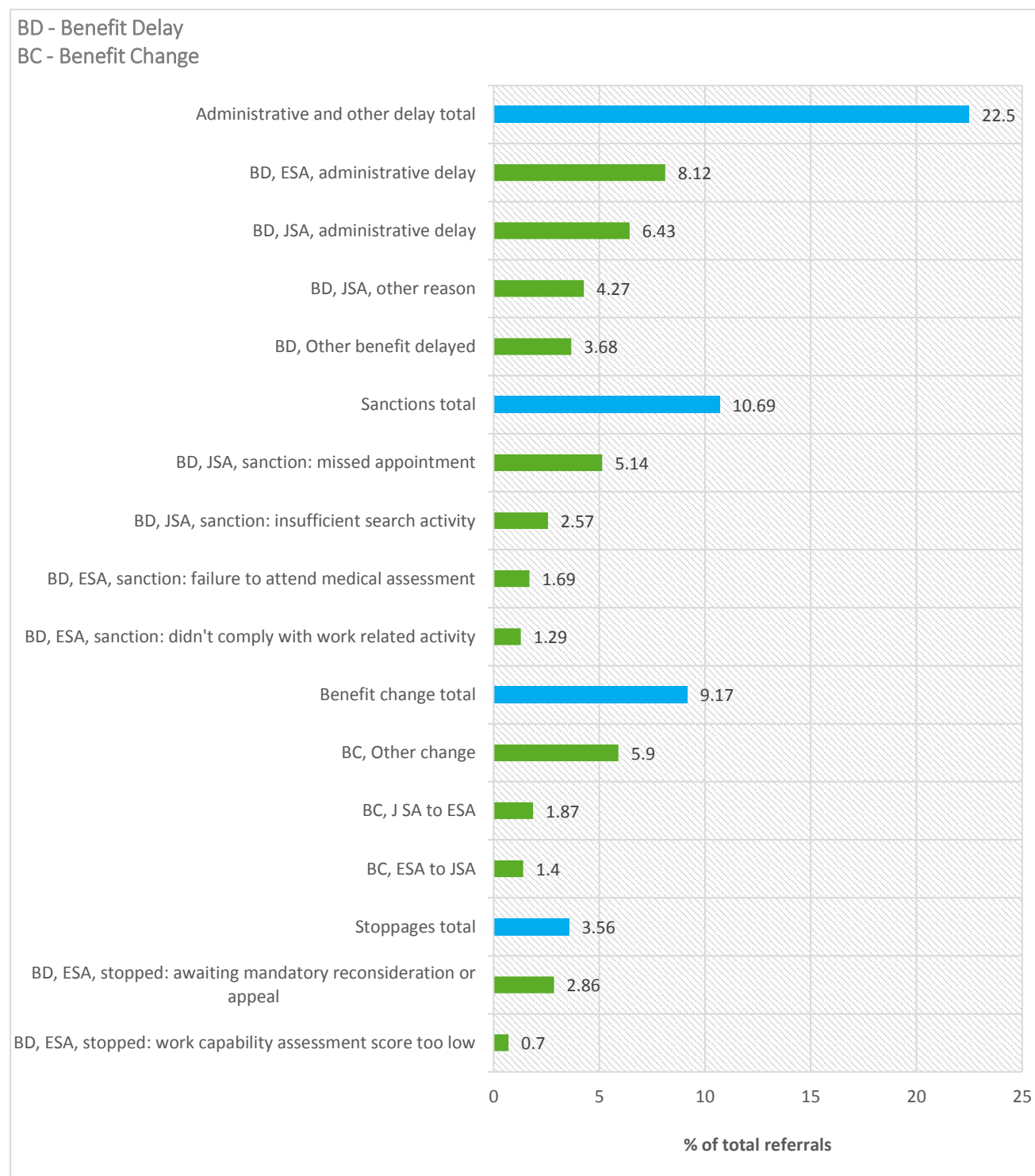
\* (Cheshire West and Chester, 2010)

<sup>12</sup> It should be noted that this relates to the member of the household receiving the voucher and does not reflect the overall composition of people within households receiving emergency food.

## 5.2 Benefit Delays, Sanctions, Changes and Stoppages

In total, benefit delays, sanctions and stoppages accounted for 47% of referrals to the Foodbank.

**Figure 7: Benefit delays, sanctions, changes and stoppages as a % of referrals**

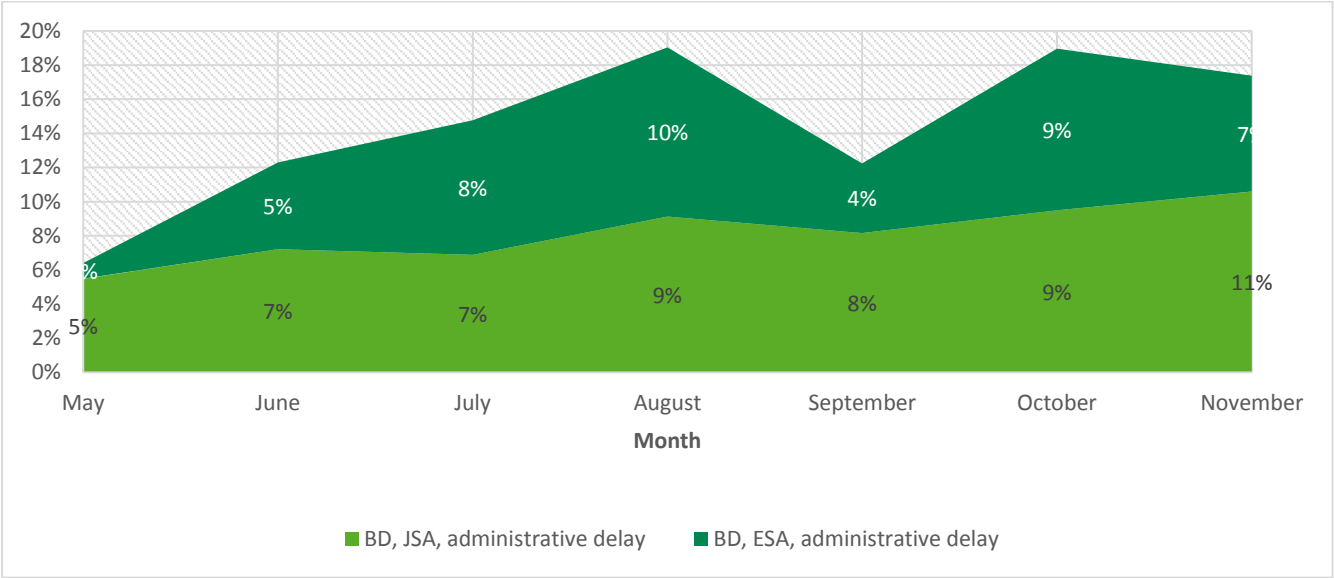


5.2.1 Administrative and Other Delays

23% of referrals resulted from administrative and other delays in social security payments; 15% of total referrals resulted purely from administrative delays. Most of these administrative delays related to Employment and Support Allowance (ESA) payments (8%), followed by delays in the payment of Jobseeker’s Allowance (JSA) (6%). Delays in payments of Jobseeker’s Allowance, where another reason was given, and delays of other social security benefits (including short-term benefit advances and tax credits – see Case Study 1) were also significant reasons for referral to West Cheshire Foodbank with each accounting for 4% respectively.

Administrative delays resulted in considerable numbers of people receiving emergency food and as well as this, the percentage of people being referred tripled between the start and end of the research period, from 6% in May to 18% in November. Administrative delays for JSA rose steadily over this period in comparison to administrative delays in the payment of ESA which accounted for similar growth overall but which fluctuated considerably from month to month.

Figure 8: Administrative delays for JSA and ESA as a % of total referrals



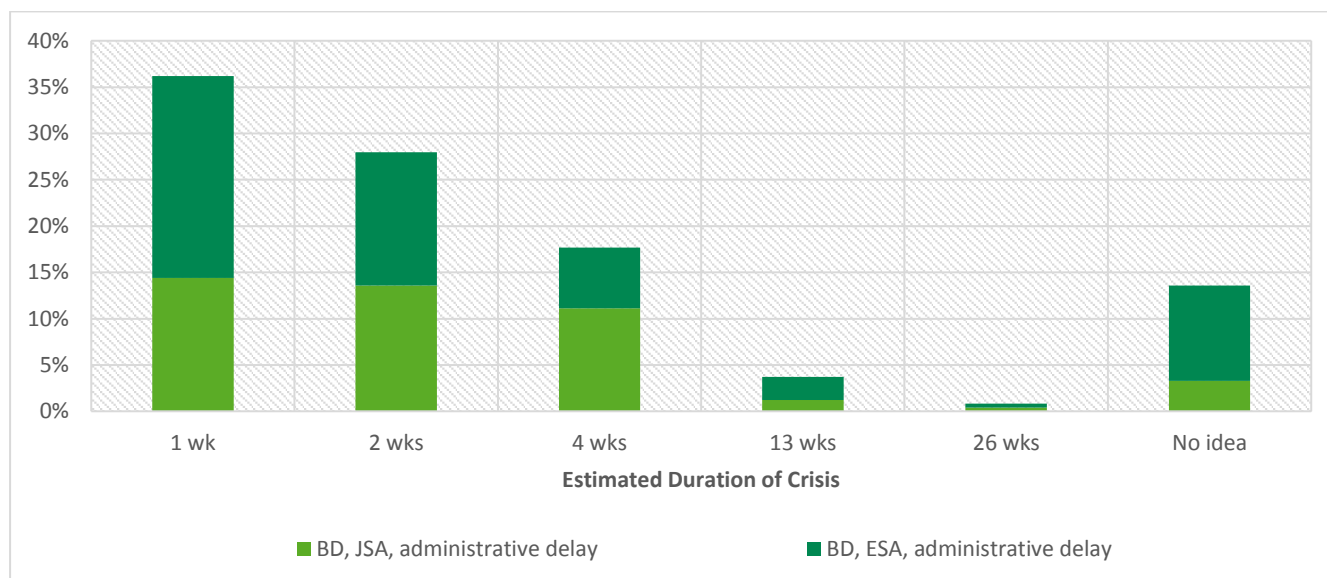
Estimates by referring agencies suggest that the immediate crisis<sup>13</sup> resulting from administrative delays typically lasts between 1 and 4 weeks (see Figure 9) but also show that in some cases, households experience delays which will affect them for 13 to 26 weeks.

NARRATIVE 1: RACHEL'S STORY

*"Benefits delayed - Child Tax Credits not come through. Washing machine broken leading to extra costs so money tight, too tight to pay for everything. Energy costs are too much."*

*Source: Participant narrative, West Cheshire Foodbank, 2015. Name has been changed [96].*

<sup>13</sup> i.e. the estimated period during which the household will be unable to afford food.

**Figure 9: Estimated Duration of Crisis Resulting From Administrative Delay**

### 5.2.2 Sanctions

'Sanctions' refers to situations where the payment of social security benefit(s) is withheld because it is deemed that claimants do not meet conditions set (Department for Work and Pensions, 2013).

#### NARRATIVE 2: SEAN'S STORY

"I have had to use the Foodbank today as I have been put on a sanction for JSA, because I was at CAB sorting out my housing benefit and could not make an appointment for the IT suite. I phoned up as soon as I realised I could not make the IT suite and told them I was at CAB sorting my housing benefit but I was still put on a sanction."

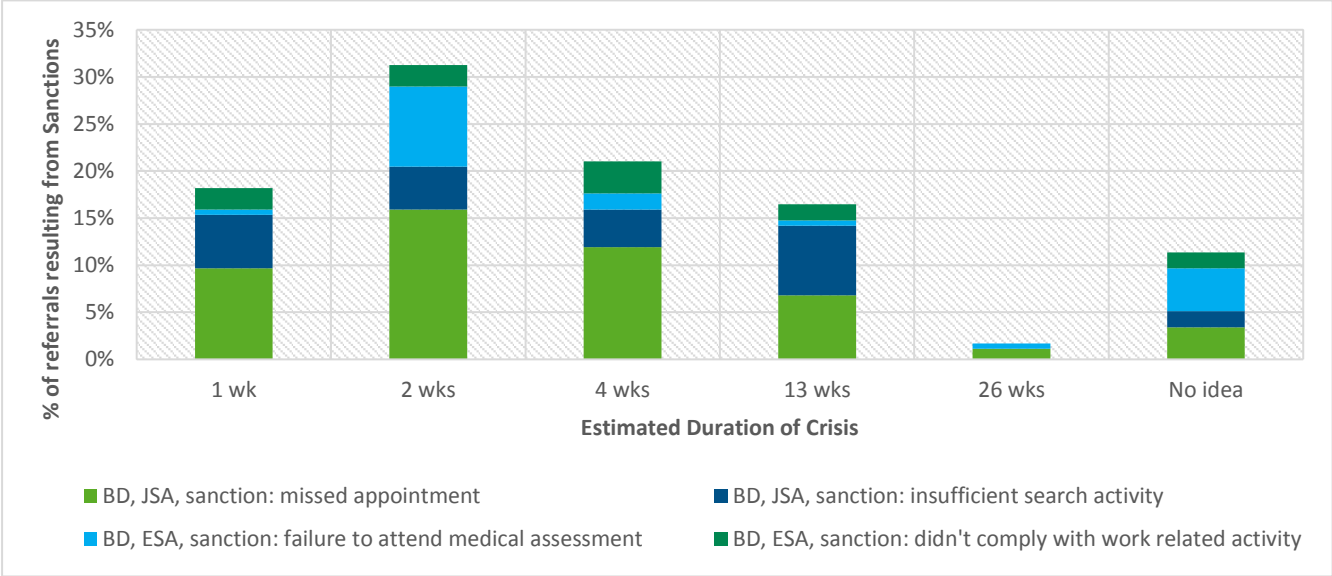
*Source: Participant narrative corroborated by West Cheshire Foodbank and The Salvation Army, 2015. Name has been changed [94].*

Sanctions were the primary reason why households needed emergency food in 11% of cases. The main reasons given for sanctioning were missed appointments (5%), insufficient search activity (3%), non-attendance at a medical assessment (2%) and non-compliance with work-related activity (1%).

During the assessment, referring agencies estimated the length of the crisis faced by the participant. These estimates suggest that the 'acute income crisis' faced by participants typically lasted 2-3 weeks (50%). There was significant variation here, however, with some crises (17%) expected to last 1 week whilst others (18%) were expected to last between 13-26 weeks. In a number of cases, participants were not informed of the decision to sanction them and were unsure why they had been sanctioned. Sanctions were often perceived as unfair, unpredictable and disproportionately punitive. Furthermore, in a number of cases, people visiting the Foodbank were unwilling to appeal against sanctions for fear of retribution.

Estimates by referring agencies suggest that the immediate crisis resulting from sanctions is particularly prolonged and lasts considerably longer than crises caused e.g. by administrative delays. Households frequently experience crises which last up to 13 weeks and in some cases, this can be as much as 26 weeks (see Figure 10). In the case of a delay, claimants may receive retrospective payments to cover the period of delay. In the case of a sanction however, the abrupt loss of income that results is likely to destabilise household finances for a greater period than the duration of the sanction itself.

Figure 10: Estimated Duration of Crises Resulting From Sanctions



Sanctions clearly place significant numbers of individuals and families in a position where they cannot afford food. This is alarming because it suggests that, contrary to the recommendations of the Social Security Advisory Committee, there appear to be few, if any, “safeguards for vulnerable people” (Social Security Advisory Committee, 2012). Policies and practices that deliberately remove the means by which an individual or family can eat grossly violate the right to food and social security. Given especially that recent evidence does not indicate any association between the use of sanctions and employment rates (Loopstra, Reeves, McKee, & Stuckler, 2015), we believe that the policy of sanctioning claimants needs to be urgently rethought.

5.2.3 Benefit Changes

NARRATIVE 3: GEMMA'S STORY

"I was living at [name removed] in Ellesmere Port and my sister became ill at [name removed] so I went to look after her. In the meantime, I had a letter to attend a medical appointment but I didn't get it until it was too late. I rang them to tell them why but I don't think they believed me. So when I came back my flat was boarded up. I went to the council and they put me in [name removed]. My benefits also stopped. They then put me in [name removed] in Chester and then moved me to the [name removed] where I am now. I am waiting to be rehoused. Going to council tomorrow and then back to DIAL House who are helping me with my benefits."

Source: Participant narrative corroborated by West Cheshire Foodbank and DIAL West Cheshire (DIAL House), 2015. Name has been changed and some identifying details removed [111].

Benefit changes accounted for 9% of referrals to the foodbank. Of these, difficulties most frequently occurred where participants changed from claiming JSA to ESA. This accounted for almost 2% of all referrals. Changes from ESA to JSA led to a similar number of referrals; just over 1%. Other benefit changes accounted for 6% of total referrals. These included participants changing from Incapacity Benefit to ESA (0.23%), from a contribution-based period of ESA or JSA (0.12%) and from Disability Living Allowance (DLA) to Personal Independence Payments (PIP) (0.35%).



#### NARRATIVE 4: PAUL AND ANGELA'S STORY

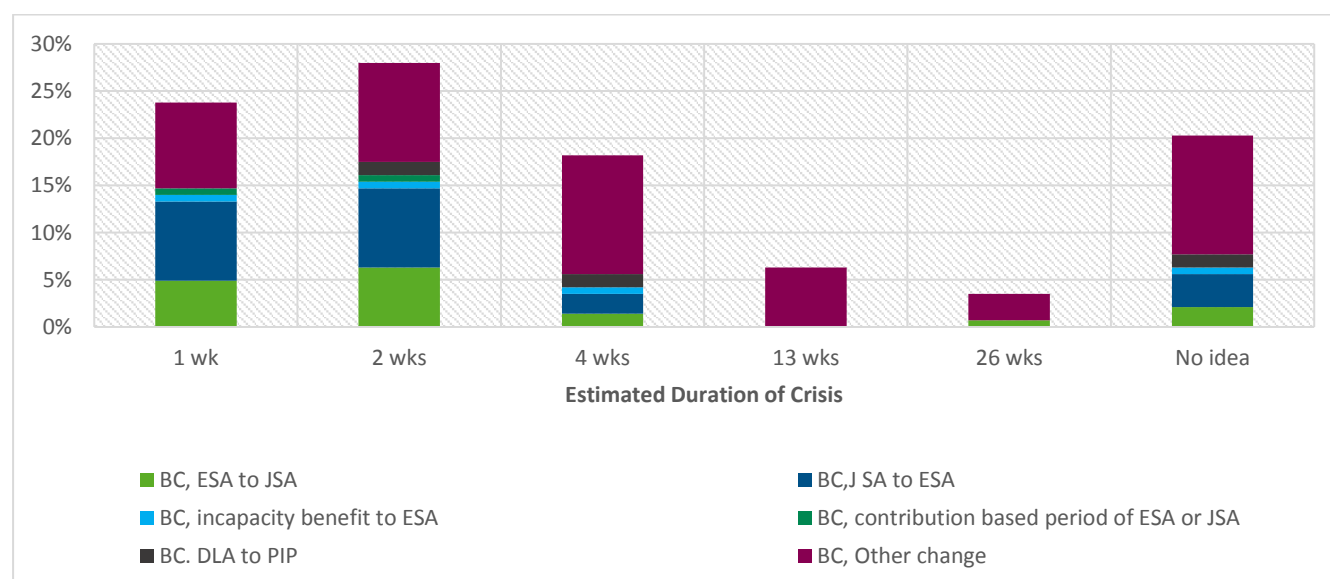
"Paul attended appointment with D.H.S doctor and was told he no longer qualified for ESA. Paul suffers from epilepsy, is currently on medication and still has fits. There has been no change in his condition. Due to a changeover of benefits from ESA to JSA, Paul and his partner, Angela, are currently receiving no benefits (since 21st April). Paul and Angela sought support from DIAL West Cheshire who issued a Foodbank voucher."

*Source: Participant narrative shared with support from West Cheshire Foodbank and corroborated by DIAL West Cheshire (DIAL House), 2015.*

*Names have been changed [74].*

Referring agencies estimated that the immediate crisis resulting from benefit changes typically lasted between 1 and 4 weeks. A significant number (9%) of crises endured for considerable periods of time however, and it was estimated that some households were left without the means to afford food for 13 to 26 weeks (see Figure 11).

**Figure 11: Estimated Duration of Crises Resulting From Benefit Changes**



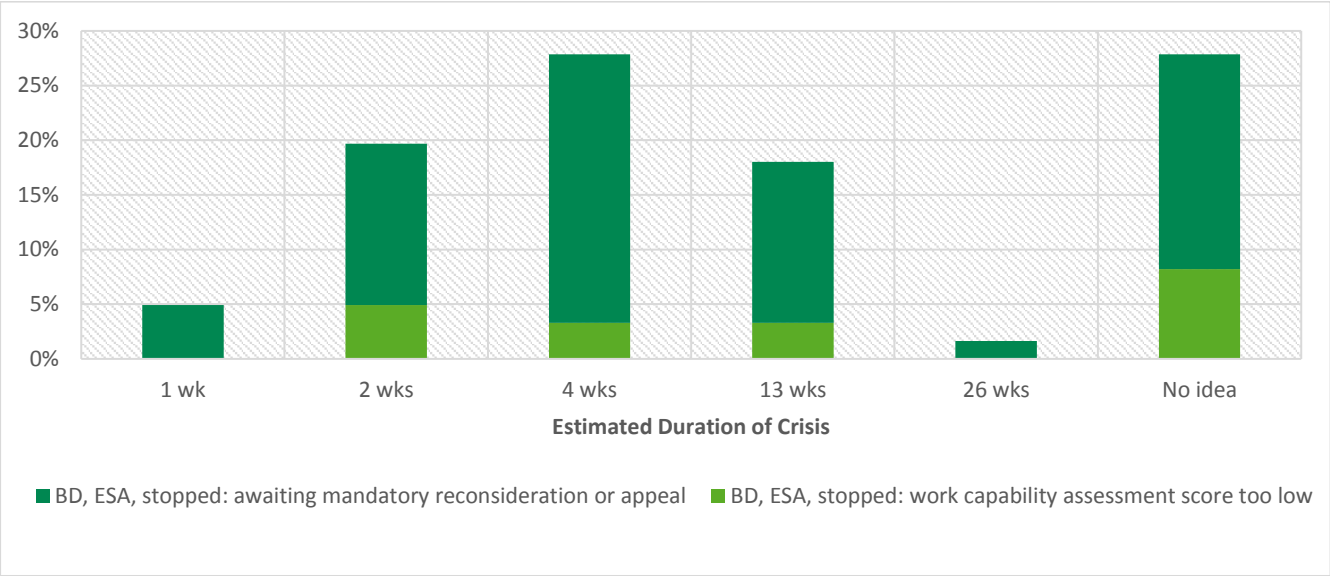
#### 5.2.4 ESA Stoppages

ESA is usually stopped when a decision is made by the Department for Work and Pensions that the claimant is 'fit for work'. If a claimant disagrees with this decision, a new process, introduced in October 2013, dictates that people must have this decision internally reviewed by Jobcentre (a process called Mandatory Reconsideration) before the person is able to appeal. Evidence from Citizens Advice Bureau shows that although this is supposed to take less than 2 weeks, in practice it is likely to take 8 to 10 weeks (Citizens Advice Bureau, 2014). Legislative changes mean that, during this period, people have no entitlement to ESA, which may have been their only income. The impact of ESA stoppages during a Mandatory Reconsideration is compounded because other benefit payments such as housing benefit and council tax benefit also stop. People can claim Jobseeker's Allowance during this period, providing they can make themselves available for work.

4% of the referrals to the foodbank were made because a member of the household had their ESA stopped. In the majority of cases resulting from ESA stoppages (3% of total referrals), the participant was awaiting the outcome of a Mandatory Reconsideration or appeal. In the remaining cases, participants had been referred following a stoppage of ESA payments because their work capability assessment score was lower than required.

Estimates by referring agencies suggest that the immediate crisis resulting from ESA stoppages typically lasts between 2 and 13 weeks (see Figure 12). The number of agencies with ‘no idea’ of how long the crisis might last is higher than for any other category, indicating particular uncertainty about the impact and duration of the stoppages.

Figure 12: Estimated Duration of Crises Resulting From ESA Stoppages



NARRATIVE 5: SCOTT'S STORY

"I was stopped ESA following an assessment after a knee operation. At the time I was unable to work and I was using crutches but didn't receive any points to continue to qualify for ESA. On the 18th of June my benefits completely stopped. I have not received any money since. I visited CAB who are supporting me and have written to Jobcentre Plus about my situation and that I am not fit enough for work at present. They [CAB] gave me a voucher for food. Prior to problems with my knees I have worked for various employers and was also in the army for two and a half years. I would like to work if I was not suffering with knee problems. I have ongoing appointments, treatment and possibly further surgery."

Source: Participant narrative corroborated by West Cheshire Foodbank and Citizens Advice Bureau CW, 2015. Names have been changed [101].

5.2.5 Short-term Benefit Advances and Hardship Payments

Relatively small numbers of referrals were made (only seven) to the foodbank where the primary reason presented was that a short-term benefit advance had been delayed or denied. Short-term advances and hardship payments are emergency payments that should be immediately available for people who are unable to meet their basic needs. A key issue appears to be that the existence of hardship payments and short-term advances is little known and minimal action is taken to ensure that people in crisis are able to access this support. Instead, the default position seems to be to refer people in need of support to either the local welfare assistance scheme or to the foodbank. Perry, Williams, Sefton, & Haddad (2014, 10) found that “less than half (47%) of foodbank users who reported waiting for benefits said they knew they could apply for a short-term benefit advance (STBA), only 26% of had done so, and only 9% had been awarded the advance”. Their analysis “revealed that low use of STBAs is attributable to lack of awareness of STBAs, practical barriers to making a request (including lack of access

to a telephone; or being advised to use other emergency support, including the foodbank, instead), and refusals of STBA claims that were shown to be legally incorrect.”

### 5.3 Low Income

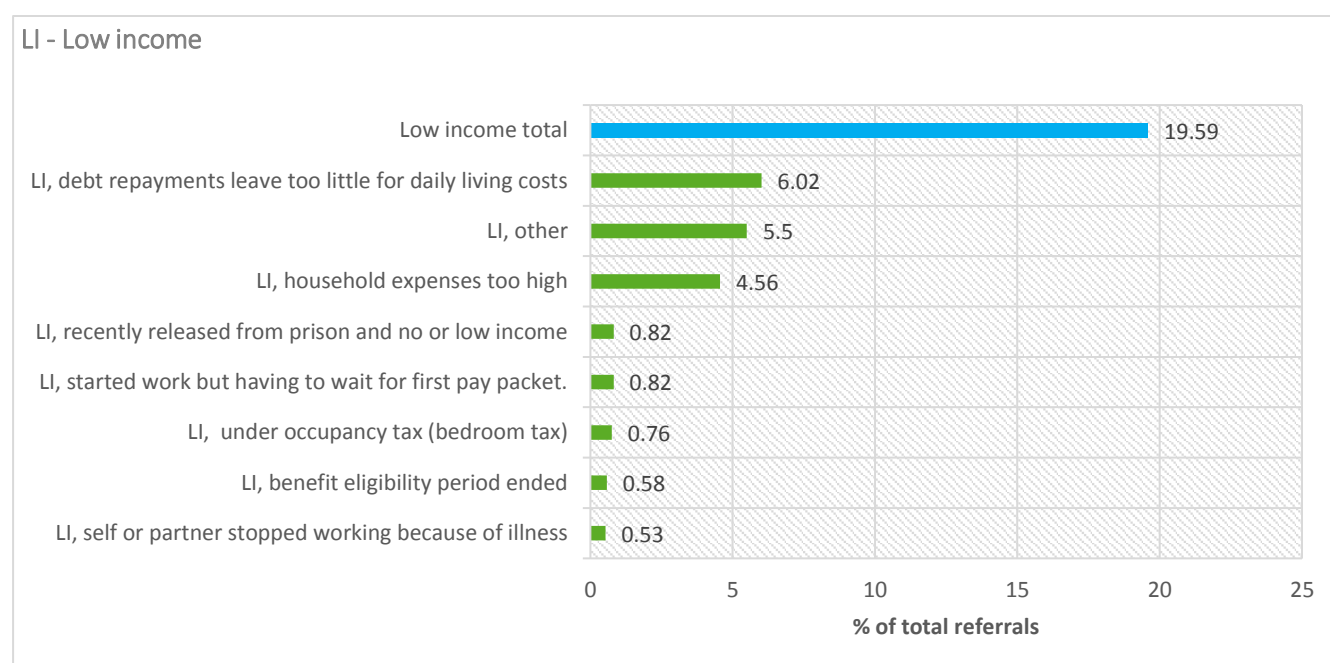
Issues related to low income accounted for 20% of referrals during the study period. People were referred for a wide variety of reasons. Income is usually received through wages, social security payments or a combination of both. For some participants, income was simply insufficient to meet household expenses; others suffered from a reduction in income because of factors such as the ‘bedroom tax’, had no or low income because they had recently been released from prison or had started work but were awaiting their first pay packet. Referrals were also made because: statutory sick payments or statutory maternity payments had ended, the participant had less than 16 hours work and was not entitled to social security benefits, the participant’s employer was retaining pay that was due, redundancy and loss of income resulting from the benefit cap.

#### NARRATIVE 6: SANDRA'S STORY

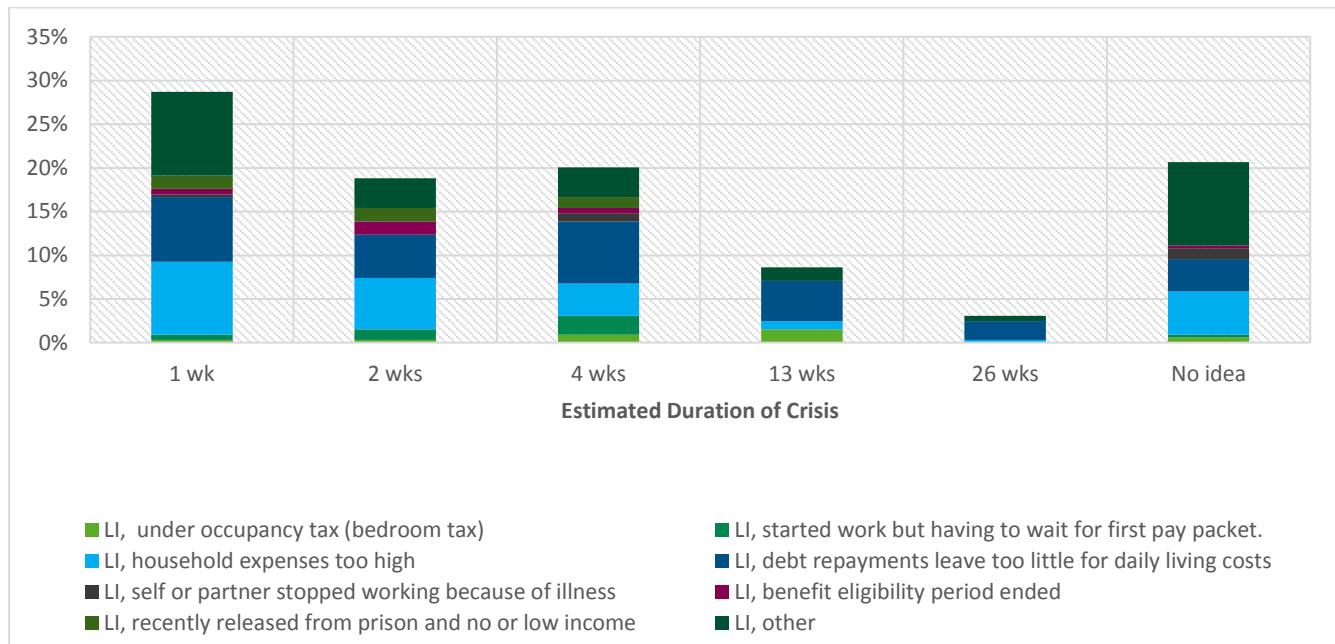
"Circumstances are that I do not have any money to buy food. I am experiencing mental health difficulties. I have no local family and friends or support network. Someone took advantage of using my bank card and took money from my account, leaving me with no money. I feel quite vulnerable at the moment and have had strangers come to my home, knocking on my door and asking for things. Through the support of Foodbank today, housing have been and arrangements made for a safety catch (chain) to be fitted on my door. This will make me feel safer which is paramount to my heart".

Source: Participant narrative corroborated by West Cheshire Foodbank and DIAL West Cheshire (DIAL House), 2015. Name has been changed

Figure 13: Low income as a % of referrals



Estimates by referring agencies suggest that the immediate crisis resulting from low income typically lasted between 1 and 4 weeks. 12% of referrals related to a crisis that endured for considerable periods of time however, with low income households left without sufficient food for 13 to 26 weeks (see Figure 14).

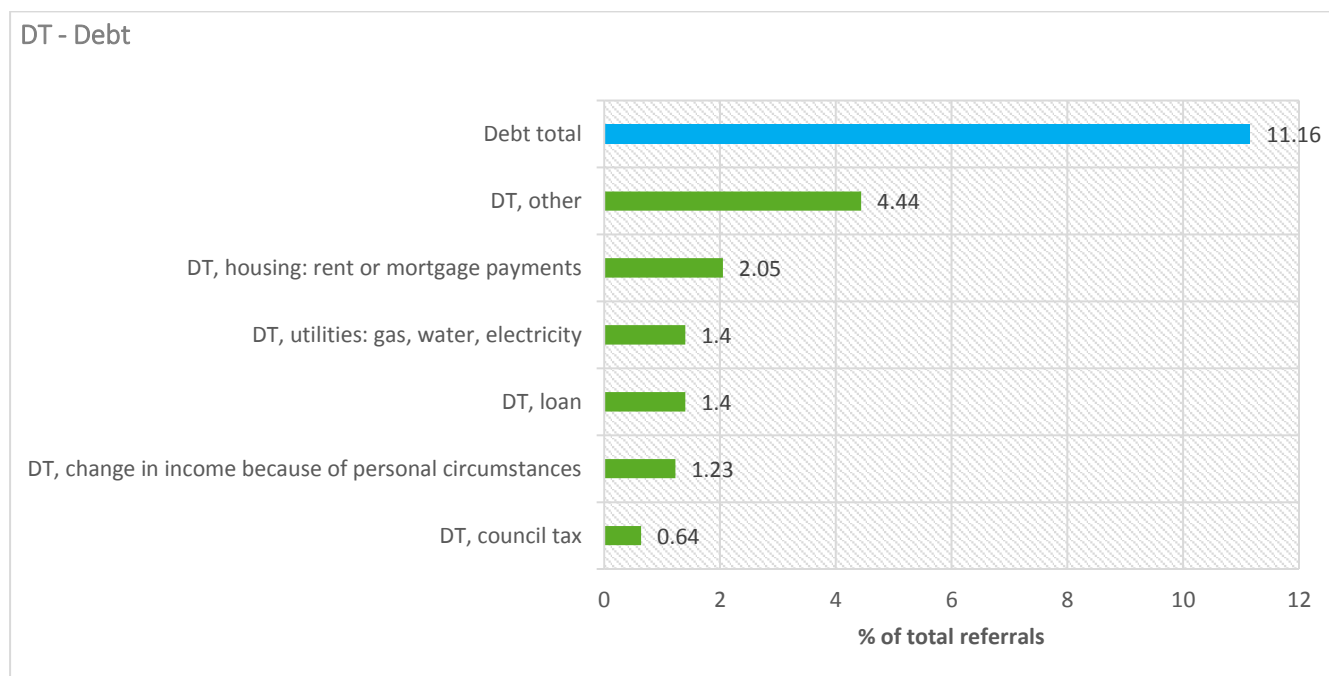
**Figure 14: Estimated Duration of Crises Relating to Low Income****NARRATIVE 7: LUKE'S STORY**

"I am 62 years old; I spent the last 2 years in Spain, but the Spanish economy went into reverse and I had no choice but to return to the UK. This government passed a law on 01.01.2014 to make themselves look good by clamping down hard on immigration. I have been told I am not entitled to any benefits - JSA, ESA, Pension Credits - until I have been back in the UK for 3 months (i.e. 16/07/2014). There has been no offer of any financial help whatsoever interim. I have been surviving, just on food given to me at the Foodbank, and the charity meals from various Christian churches in the [local] area. Without these charitable donations I would just have to go hungry! I am staying at [a local] hostel that operates a 'safe seat' policy - meaning I am entitled only to an upright armchair, not a bed, and I am not guaranteed that. I've spent some time on the streets as my 'safe seat' accommodation has been oversubscribed! It is a horrible existence for a man of my age, and a true indictment of government policy."

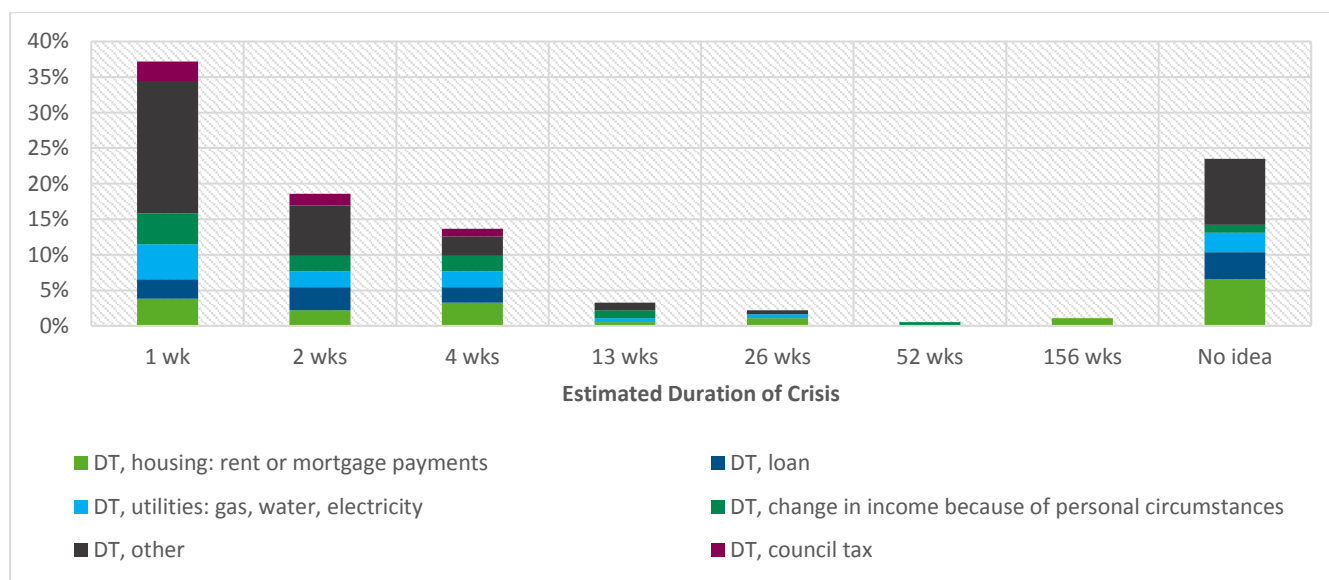
*Source: Participant narrative corroborated by West Cheshire Foodbank and Citizens Advice Bureau CW, 2015. Name has been changed and some identifying details have been removed [91].*

**5.4 Debt**

11% of referrals resulted from debt. Of participants referred where debt was the primary cause of crisis, this most frequently resulted from housing costs, where rent or mortgage payments exceeded available household income (2%). The prohibitive cost of utilities – gas, water or electric – was the second most common reason why people were referred to the foodbank (1%).

**Figure 15: Debt as a % of referrals**

Estimates by referring agencies suggest that the immediate crisis resulting from debt typically lasted between 1 and 4 weeks. Situations in which debt was given as the primary cause of crisis were the only ones in which agencies estimated that the crisis could last up to 52 and 156 weeks. Situations of protracted crisis (between 13 and 156 weeks) accounted for 7% of referrals relating to debt (see Figure 16).

**Figure 16: Estimated Duration of Crises Relating to Debt**



NARRATIVE 8: JASON'S STORY

"On ESA and having difficulty paying the bills. I own my own home (free of mortgage) but upkeep is expensive. I am unable to work."

Source: Participant narrative corroborated by West Cheshire Foodbank and Citizens Advice Bureau CW, 2015. Name has been changed [127].

5.5 Homelessness, Delayed Wages, Domestic Violence and Sickness

Figure 17: Homelessness, delayed wages, domestic violence and sickness as a % of total referrals

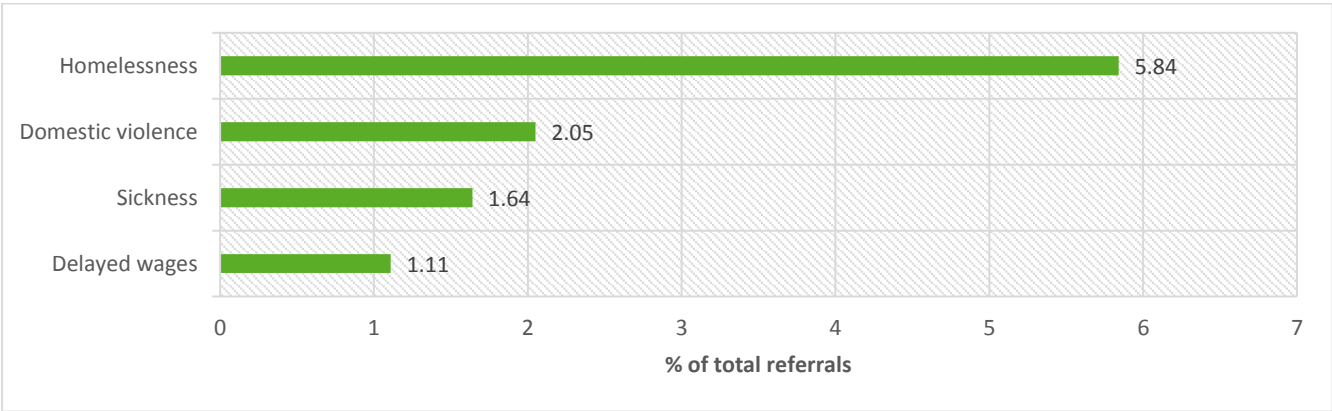
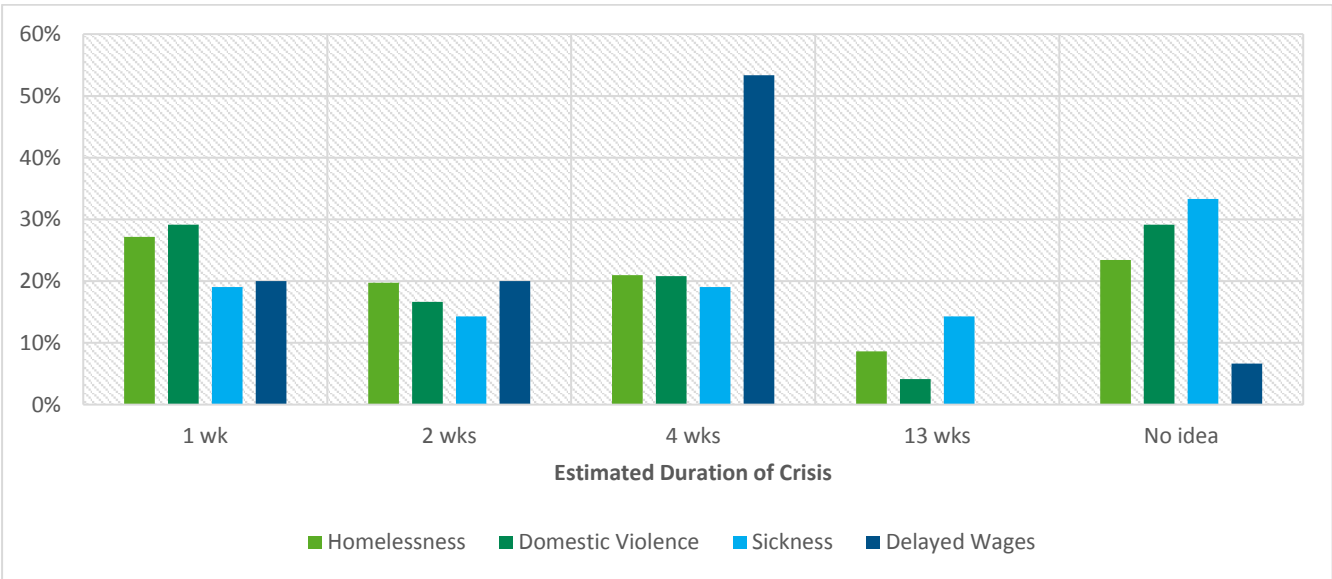


Figure 18: Estimated Duration of Crises Resulting From Homelessness, Domestic Violence, Sickness and Delayed Wages



5.5.1 Homelessness

Approximately 6% of total referrals resulted directly from homelessness although it should be noted, as with each of the data categories utilised here, that foodbank users may be homeless even where this was not recorded as the primary reason for referral. Jane’s story illustrates this well (see page 29). Although the data shows that Jane was referred because of domestic violence, her story illustrates that she also experienced multiple issues relating to housing including homelessness. Evidence from West Cheshire Foodbank shows there has been an increase in the proportion of people accessing emergency food provision where homelessness is the primary

reason presented. Over the last two calendar years this rose from 4.41% in 2013 to 5.45% in 2014, increasing in the second half of 2014 (the study period) to 5.84%.

#### NARRATIVE 9: BRIAN'S STORY

"I find myself homeless and without money at 50 years of age. Life was going so well. A BSc, MSc and Phd in Medical Science led to jobs with the MoD Ministry of Defence], Unilever and then to Research Director near Chester where I lived with my wife of 30 years and 2 daughters. Further directorships in Surrey then London followed. Then crash, I lost my job due to lack of funding. The government has destroyed R&D [research and development] in the UK. Family death, hit and run reduced legs to shrapnel and almost blind. Can't do job anymore. 11 months NHS waiting list for 30 minute operation. Wife affair, British judicial system forced me to leave and be homeless, bank accounts emptied. Housing solutions got me a safe seat, sitting in a chair with winos and junkies. Then a flat in a nice hostel, weeks to get benefits. Endless forms to fill in but I can't read them. At least safe secure and warm. No food in flat and no money. CAB said to come here. V. grateful. Need ops to get a job or 30 years experience thrown on the scrap heap. Very few R&D jobs left. Thank God for lovely people and charity. Will fight way back up. But time, time, time crushes the soul. We are not scroungers. God bless."

*Source: Participant narrative corroborated by West Cheshire Foodbank (no.95) and Citizens Advice Bureau CW, 2015. Name has been changed [95].*

### 5.5.2 Domestic Violence

#### NARRATIVE 10: JANE'S STORY

"I was working as a probation officer in 2012, (had been for a number of years) when I escaped domestic violence by transferring to a different city. He found me so I moved again. My health deteriorated so much, mentally and physically, having chronic depression, a bowel disease and a chronic pain condition that I had to give up my much loved career. My landlady refused to take housing benefit and he had found me again so I moved to be near friends, sofa surfing until I could sort myself out. I sank into a terrible depression and had a breakdown. I finally had the strength to make a homeless application and was immediately moved into supported accommodation where I am now, attempting to rebuild my life, but having no money for food or anything else. If I could work, I would."

*Source: Participant narrative corroborated by West Cheshire Foodbank and Muir Housing Group, 2015. Name has been changed [123].*

Domestic violence accounts for a small percentage of referrals (2%) but, because on average, the families we worked with during this period had one or two children each at the time (1.6 children per family), the numbers who received emergency food are significantly higher than they appear in comparison to, for example, people referred where homelessness was stated to be the primary reason (0.1 children per family). Additional evidence from West Cheshire Foodbank suggests that the numbers of households affected by domestic violence could be almost twice as high as the data suggests, with many of those affected by domestic violence referred where the primary reason presented was either benefit delay or low income.

### 5.5.3 Delayed Wages and Sickness

Sickness and delayed wages can both account for loss of income from employment and each accounted for approximately 2% and 1% of total referrals to West Cheshire Foodbank respectively.

## 6.0 SUMMARY

**Economic austerity**, following the collapse of the US subprime mortgage market and subsequent UK banking crisis in 2007-8, **has led to severe reductions in UK public expenditure, particularly in social security entitlement and levels, as well as a rise in insecure and self-employment, and stagnant wages**. These experiences, combined with significant loss of local authority networks of support, and marked **increases in essential costs of living including food prices, have left more and more people struggling** to sustain access to enough good food for a healthy life.

**People adopt a wide range of strategies** to try and manage shortfalls in household income, and **seeking food aid is usually a strategy of last resort** (Lambie-Mumford, Crossley, Jensen, Verbeke, & Dowler, 2014) but, nonetheless, **increasing numbers of people in the UK, as in West Cheshire, have used charitable emergency food provision over the last decade**. There is no evidence that increased provision of food aid is causing more to want it (Cooper, Purcell, & Jackson, Below the breadline: The Relentless Rise of Food Poverty in Britain, 2014); **all available evidence in the UK and internationally shows that the growing need is driving provision**. Neither is there any evidence that all people who go to foodbanks do so because they cannot budget or cook. Indeed, many on long-term low incomes are very skilled at both; **many want to buy and eat healthy food but simply have insufficient money to do so**.

**In West Cheshire, demand for charitable emergency food provision has grown rapidly over the last two years**, although the rate of growth appears to have stabilised over the research period. **Of those receiving emergency food, approximately two thirds were adults and one third were children. People who were single, two parent families, single parent families and households with multiple adults all accessed emergency food provision**. There was a strong positive correlation between the deprivation of a ward and the number of foodbank referrals. Typically, people accessing emergency food provision on behalf of their household were white (98%) and of working age (98% were aged between 16 and 64).

**Problems with social security benefits directly accounted for almost half (47%) of the referrals** to West Cheshire Foodbank. Administrative delays, punitive sanctions, benefit changes and ESA stoppages accounted for the majority of these delays.

- **Administrative and other delays (23%):** Administrative delays in paying social security benefits were considerable and grew as a proportion of referrals over the research period. Crises catalysed by administrative delays typically lasted between 1 and 4 weeks.
- **Sanctions (11%):** The main reasons given for sanctioning were missed appointments (5%), insufficient search activity (3%), non-attendance at a medical assessment (2%) and non-compliance with work-related activity (1%). Sanctions usually placed households in a crisis situation for between 1 and 13 weeks.
- **Benefit Changes (9%):** Difficulties most frequently occurred where participants changed from claiming Jobseeker's Allowance (JSA) to Employment and Support Allowance (ESA). Crises catalysed by benefit changes typically lasted between 1 and 4 weeks.
- **ESA stoppages (4%):** In the majority of cases where a member of the household had their payment of Employment and Support Allowance stopped, the participant was awaiting the outcome of a Mandatory Reconsideration or appeal. The immediate crisis resulting from ESA stoppages typically lasted between 2 and 13 weeks.

**Issues relating to low, insecure income and debt** were also hugely significant reasons why people accessed emergency food provision (31%).

- **Low, insecure incomes (20%):** People were referred for a variety of reasons. For some participants, income was insufficient to meet household expenses. Some participants suffered from a reduction in income because of factors such as the spare-room subsidy (also called the bedroom tax). Other participants had no or low income because they had recently been released from prison or had started work but were awaiting their first pay packet. The immediate crisis resulting from low income typically lasted between 1 and 4 weeks. A significant number (12%) of crises endured for considerable periods of time however, with low income households left without sufficient food for 13 to 26 weeks.
- **Debt (11%):** The most common reasons presented related to housing costs, utilities and/or loans. The immediate crisis was estimated to last for between 1 and 4 weeks although our experience of working in this area suggests that resolving the issues related to that debt is considerably more protracted.

People were also referred where the primary reasons given were **homelessness (6%), domestic violence (2%), sickness (2%) or delayed wages (1%)**.

## 7.0 RECOMMENDATIONS

The following recommendations suggest a few practical, measured ways in which the need for a foodbank in West Cheshire can be reduced, by mitigating some of the primary causes of acute income loss for local people and ensuring adequate and appropriate support is available where this is not achieved:

### 1. IMPROVE JOBCENTRE PLUS ADMINISTRATION AND SERVICE

**We recommend that the Department for Work and Pensions should:**

- i. *Ensure local Jobcentres process social security payment applications more quickly. We support the recommendations (see R47 and R51) of the All Party Parliamentary Group on Food Poverty and Hunger that payments should be delivered within 5 working days. [5.2.1]*
- ii. *Ensure appropriate support is given to help people make a social security claim, especially in cases where claimants have mental health issues or low levels of IT literacy. [5.2.1]*
- iii. *Improve access to and awareness of short-term benefit advances (STBA's) and hardship payments. [5.2.5]*
- iv. *Introduce support for people with ongoing health difficulties who have been declared 'fit for work' to enable a smooth transition towards JSA. [5.2.3]*

### 2. REFORM SANCTIONS POLICY AND PRACTICE

**We recommend that the Department for Work and Pensions should:**

- i. *Introduce robust safeguards for people to ensure that sanctions never place individuals or families in a position where they cannot afford food or other essentials. [5.2.2]*
- ii. *Ensure that claimants fully understand the expectations upon them so that sanctions are not applied where claimants have a poor understanding of the system. [5.2.2]*
- iii. *Require that claimants who are sanctioned "be immediately informed of their right to appeal the decision, and provided with the necessary documentation to do so." As in R60, (All Party Parliamentary Group on Hunger and Food Poverty, 2014). [5.2.2]*

**We recommend that the Government should:**

- iv. *Provide clear guidance stating that "a sanction decision is only lawful if letters are sent, and can be proven to have been received, to the claimant explaining the reason that a sanction is being imposed (including dates, what the failure was, and why there isn't good cause), the period the sanction will apply for, and whether Hardship Payments may be granted, and if not, why not." As in R59 (All Party Parliamentary Group on Hunger and Food Poverty, 2014). [5.2.2]*
- v. *Provide clear guidance regarding what constitutes a reason for sanctioning and ensure that sanctions can only be applied where there have been severe and repeated breaches of welfare conditionality. [5.2.2]*

### 3. REFORM THE MANDATORY RECONSIDERATION PROCESS

**We recommend that the Department for Work and Pensions should:**

- i. *Introduce a time limit for the Mandatory Reconsideration period. [5.2.4]*
- ii. *Continue the payment of Employment and Support Allowance for the duration of the Mandatory Reconsideration period. [5.2.4]*

**4. ENSURE SOCIAL SECURITY PAYMENT LEVELS ARE ADEQUATE**

**We recommend that the Government should:**

- i. *Ensure that social security payments provide sufficient income for recipients to achieve an acceptable standard of living (see minimum income standards, MIS)<sup>14</sup>. [5.3]*
- ii. *Ensure that all social security payments levels automatically increase in line with inflation. [5.3]*

**5. ENSURE WAGES ARE SUFFICIENT AND WORK IS SECURE**

**We recommend that employers<sup>15</sup> should:**

- i. *Pay a living wage to all staff and encourage the payment of a living wage through procurement policies. [5.3.1]*
- ii. *Guarantee staff a sufficient income from week to week (guaranteed minimum hours). [5.3.1]*
- iii. *Ensure staff are given adequate protection in the event of sickness or personal difficulty. [5.5.3]*
- iv. *Ensure that staff receive their full<sup>16</sup> wages without delay<sup>17</sup>. [5.5.3]*
- v. *Review the use of insecure employment strategies - including agency work, low-hour contracts and self-employment - and ensure these strategies are mutually beneficial and are not used simply as a cost-saving device. [5.3]*

**6. SUSTAIN AND IMPROVE ACCESS TO THE HELP SCHEME (CWAC LOCAL WELFARE ASSISTANCE)**

**We recommend that Cheshire West and Chester Council should:**

- i. *Improve awareness of the emergency financial support available through the HELP scheme.*
- ii. *Amend CWAC HELP Scheme eligibility criteria to clarify the support available for people with mental health issues.*
- iii. *Amend CWAC HELP Scheme eligibility criteria to allow direct support to be provided to people who have been sanctioned.*
- iv. *Ensure funding is sustained and increased to allow administrators to meet existing demand.*

**7. ENSURE ADEQUATE SUPPORT AND ACCOMMODATION IS AVAILABLE FOR PEOPLE AFFECTED BY DOMESTIC VIOLENCE AND/OR HOMELESSNESS**

**We recommend that Cheshire West and Chester Council should:**

- i. *Improve information sharing and communication across all homelessness support providers including the third and faith-based sectors. [5.5.1]*
- ii. *Ensure victims of domestic abuse are able to quickly access adequate financial support to enable the purchase of essential items. [5.5.2]*

<sup>14</sup> Minimum Income Standards define how much income people need to achieve an acceptable standards of living. For more information see <http://www.jrf.org.uk/publications/minimum-income-standard-2014>.

<sup>15</sup> The local authority, local business and third sector organisations including faith-based organisations and other charities.

<sup>16</sup> Without deductions; except for tax and national insurance contributions, repayment of student loans, deductions following a court order or deductions formally agreed and for which written permission has been received from the member of staff.

<sup>17</sup> As detailed in the employees written statement of their terms and conditions of employment.

## 8.0 FURTHER RESEARCH

As with many research projects, this one inevitably raises as many questions as insights. Other avenues worthy of future study include (but are not limited to):

- A long-term study assessing changes in 'reason for crisis' over different times of the year and over a multi-year time period.
- An in-depth analysis of service users journeys to food poverty, including comparing service users who experience similar life events which cause one to require emergency food aid and the other not to. Utilising Oxfam's 'Sustainable Livelihoods' approach would be worthy of consideration here.
- A UK-wide research project using the coding system at other Trussell Trust foodbanks.

Given the relative lack of UK-based research examining the causes of food poverty there would be merit in conducting a combined longitudinal study with qualitative data on a national scale to inform interventions from policy makers as well as the third sector.



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**Front Cover Image:** Jonny, Colin, Tony, Patricia, Ann, Mark, Geof, Cath and Pete; Volunteers at West Cheshire Foodbank sort and pack emergency food at the central warehouse.

**Background Images:** West Cheshire Foodbank Warehouse Images. Sally sorts and packs emergency food.

**Reverse Cover Image:** Wordcloud created from the text of 125 participant narratives shared in 2014.

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